

Telehealth Consultation Confirmation

Dear [Patient's Name],

We are pleased to confirm your telehealth consultation with [Healthcare Provider's Name] on [Date] at [Time].

Please ensure that you have a stable internet connection and access to a device with a camera and microphone.

Your appointment details are as follows:

- **Date:** [Date]
- **Time:** [Time] [Time Zone]
- **Platform:** [Video Conferencing Platform]
- **Meeting Link:** [Meeting Link]

If you have any questions or need to reschedule, please contact our office at [Phone Number] or [Email Address].

Thank you for choosing our services. We look forward to speaking with you soon.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Organization]