

# Antenatal Care Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your antenatal care appointment.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Hospital Name & Address]

Please ensure to bring your health insurance information and any necessary medical records.

If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you, and we look forward to seeing you!

Best regards,

[Your Name]

[Your Position]

[Clinic/Hospital Name]