

Audiometric Test Booking Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for an audiometric test.

Appointment Details:

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Clinic Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Clinic Phone Number] or [Clinic Email].

Thank you for choosing us for your audiometric testing needs.

Sincerely,
[Your Name]
[Your Title]
[Clinic Name]