

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your appointment for an auditory check-up. Below are the details of your scheduled visit:

**Date:** [Insert Appointment Date]

**Time:** [Insert Appointment Time]

**Location:** [Insert Clinic or Facility Name]

**Address:** [Insert 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 [Insert Phone Number] or [Insert Email Address].

Thank you, and we look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Clinic or Hospital Name]