

Auditory Examination Schedule Confirmation

Dear [Patient's Name],

We are writing to confirm your auditory examination appointment scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic/Hospital Name, 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 [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]