

Hearing Assessment Scheduling Acknowledgment

Date: [Insert Date]

Dear [Patient's Name],

Thank you for scheduling your hearing assessment with us. We are confirming your appointment as follows:

Date of Appointment: [Insert Appointment Date]

Time of Appointment: [Insert Appointment Time]

Location: [Insert Clinic Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at [Insert Contact Information].

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Your Clinic Phone Number]