

Dear [Patient's Name],

We are pleased to confirm your hearing evaluation appointment.

Date: [Date]

Time: [Time]

Location: [Clinic Name, Address]

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 Name]