

Hearing Test Reservation Acknowledgment

Date: [Insert Date]

Dear [Patient's Name],

Thank you for scheduling your hearing test with us. We are pleased to confirm your appointment as follows:

Appointment Date: [Insert Appointment Date]

Appointment Time: [Insert Appointment Time]

Location: [Insert Clinic/Facility Name and Address]

Please arrive 15 minutes early to complete any necessary paperwork and bring a valid ID and insurance information, if applicable.

If you have any questions or need to reschedule, do not hesitate to contact us at [Insert Phone Number] or [Insert Email Address].

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Facility Name]