

Appointment Confirmation for Sleep Apnea Treatment Evaluation

Dear [Patient's Name],

We are pleased to inform you that your appointment for a sleep apnea treatment evaluation has been scheduled as follows:

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Clinic Name and Address]

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

Thank you for choosing us for your healthcare needs. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]