

Urgent Care Service Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are writing to confirm your appointment at [Urgent Care Facility Name]. Below are the details of your visit:

Appointment Date: [Insert Appointment Date]

Appointment Time: [Insert Appointment Time]

Location: [Insert Facility Address]

Contact Number: [Insert Facility Phone Number]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us.

Thank you for choosing [Urgent Care Facility Name] for your healthcare needs. We look forward to assisting you.

Sincerely,

[Your Name]

[Your Position]

[Urgent Care Facility Name]