

Reservation Acknowledgement

Dear [Patient's Name],

Thank you for choosing [Urgent Care Facility Name] for your healthcare needs. This is to confirm that we have received your reservation request.

Reservation Details:

- **Appointment Date:** [Date]
- **Appointment Time:** [Time]
- **Patient ID:** [Patient ID]

If you need to make any changes to your reservation or have questions, please contact us at [Contact Number] or [Email Address].

We look forward to seeing you soon.

Best regards,

[Your Name]

[Your Title]

[Urgent Care Facility Name]

[Facility Address]

[Facility Phone Number]