

Urgent Care Visit Confirmation

Dear [Patient's Name],

We are writing to confirm your urgent care visit scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Urgent Care Facility Name and Address]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any insurance information or previous medical records, kindly bring them with you.

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

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Urgent Care Facility Name]