

Patient Transport Confirmation

Dear [Patient's Name],

We are writing to confirm your scheduled transport for your upcoming medical appointment.

Transport Details:

- **Date:** [Date]
- **Time:** [Time]
- **Pick-up Location:** [Pick-up Address]
- **Destination:** [Destination Address]
- **Contact Number:** [Contact Number]

Please ensure that you are ready at least 15 minutes prior to the scheduled time to avoid any delays.

If you have any questions or need to make changes to your transport schedule, do not hesitate to contact us at [Contact Information].

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]