

# Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your psychiatric evaluation appointment scheduled for:

**Date:** [Date]

**Time:** [Time]

**Location:** [Clinic Address]

Please arrive at least 15 minutes early to allow for check-in. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Practice Name]