

Healthcare Appointment Verification

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm your upcoming appointment at [Healthcare Facility Name]. Below are the details of your appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor's Name]
- **Location:** [Clinic/Office Address]

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

Thank you for choosing [Healthcare Facility Name]. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]