

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your allergy evaluation appointment.

**Date:** [Date]

**Time:** [Time]

**Location:** [Clinic/Office Name, Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any specific allergies or medical conditions, kindly bring relevant documents or a list.

If you need to reschedule or have any questions, feel free to contact us at [Phone Number] or [Email].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Office Name]