

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for allergy testing.

Date: [Date]

Time: [Time]

Location: [Clinic/Facility Name and Address]

Please remember to bring any relevant medical records and arrive 15 minutes early for your appointment. If you have any questions or need to reschedule, feel free to contact us at [Phone Number].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Facility Name]

[Contact Information]