

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for an allergy assessment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Address]

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

We look forward to seeing you soon!

Best regards,

[Your Name]

[Your Title]

[Clinic Name]