

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for allergy testing.

## Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name and Address]

Please remember to bring any necessary paperwork and arrive 15 minutes early to complete the check-in process.

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

Best regards,  
[Your Name]  
[Your Position]  
[Clinic/Hospital Name]