

Booking 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 Name & Address]
- **Duration:** Approximately [Duration] minutes

Important Information:

Please remember to:

- Arrive at least 15 minutes early.
- Bring any relevant medical history or records.
- Avoid antihistamines 48 hours prior to your appointment.

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

Thank you for choosing [Clinic Name]. We look forward to seeing you!

Sincerely,

[Your Name]
[Your Position]
[Clinic Name]