

Appointment Confirmation Notice

Dear [Patient's Name],

We are pleased to inform you that your allergy testing appointment has been successfully scheduled.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Medical Facility Name & Address]
- **Doctor:** [Doctor's Name]

Please arrive 15 minutes early and bring any necessary paperwork or previous medical records related to your allergies.

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

Thank you for choosing us for your allergy testing needs.

Sincerely,

[Your Name]

[Your Position]

[Medical Facility Name]