

Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your scheduled appointment for an allergy evaluation.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Doctor's Office Name, 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 [Contact Number].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Doctor's Office Name]