

Appointment Confirmation for Allergy Test

Dear [Patient's Name],

We are writing to confirm your upcoming allergy test appointment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name and 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 Information].

Thank you and we look forward to seeing you soon.

Best regards,

[Your Name]

[Your Position]

[Clinic/Hospital Name]