

Flu Vaccination Clinic Appointment Confirmation

Dear [Patient's Name],

Thank you for scheduling your flu vaccination at our clinic. We are pleased to confirm your appointment details as follows:

Appointment Date: [Date]

Appointment Time: [Time]

Clinic Location: [Clinic Address]

Please bring a valid ID and your insurance card (if applicable). If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for taking this important step in protecting your health!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]