

Visual Health Assessment Scheduling Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for a visual health assessment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Office 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] or [Email Address].

Thank you for choosing [Clinic/Practice Name] for your visual health needs.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Practice Name]