

Telemedicine Consultation Confirmation

Date: **[Insert Date]**

Dear **[Patient's Name]**,

We are pleased to confirm your telemedicine consultation with **[Provider's Name]** on **[Date and Time]**. You will be able to access your appointment from the comfort of your home.

Appointment Details:

- **Provider:** [Provider's Name]
- **Specialty:** [Specialty]
- **Duration:** [Duration]
- **Platform:** [Zoom/ Skype/ Other]
- **Access Link:** [Insert Link]

Instructions:

Please ensure you have a stable internet connection and a quiet environment during the consultation. Log in to the provided link at least 5 minutes before your scheduled time.

If you have any questions or need to reschedule, please contact us at **[Contact Information]**.

Thank you for choosing our telemedicine services. We look forward to your appointment!

Sincerely,

[Your Practice Name]

[Contact Information]