

Appointment Confirmation

Dear [Parent's Name],

This letter is to confirm your child's appointment for genetic testing.

Patient Name: [Child's Name]

Date of Appointment: [Date]

Time of Appointment: [Time]

Location: [Clinic/Hospital Name]

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,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]