

Appointment Confirmation for Genetic Testing

Dear [Patient's Name],

We are pleased to confirm your appointment for genetic testing scheduled on [Date] at [Time]. The appointment will take place at our facility located at [Address].

Prior to your appointment, please contact your insurance provider to inquire about coverage for the genetic testing services. Ensure you have the following information available:

- Patient's name and date of birth
- Type of genetic test being performed
- Provider information: [Your Clinic's Name and NPI Number]

If you have any questions or require further assistance, feel free to reach out to our office at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic's Name]