

Genetic Testing Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for prenatal genetic testing. Below are the details of your appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Facility/Clinic Name, Address]
- **Provider:** [Healthcare Provider's Name]

Please arrive at least 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 our services. We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Facility Name]