

# Appointment Confirmation

Date: [Date]

To,

[Patient's Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to confirm your appointment regarding travel-related health issues.

**Appointment Details:**

Date: [Appointment Date]  
Time: [Appointment Time]  
Location: [Clinic/Hospital Name]  
Address: [Clinic/Hospital Address]

Please ensure to bring any relevant medical records and a list of medications you are currently taking.

If you have any questions or need to reschedule, feel free to contact us at [Contact Number] or [Email Address].

Thank you, and we look forward to seeing you.

Sincerely,  
[Your Name]  
[Your Title]  
[Clinic/Hospital Name]