

# Sleep Study Appointment Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

## Appointment Details

Location: [Insert Clinic/Hospital Name]

Address: [Insert Address]

Date and Time: [Insert Date and Time]

## Insurance Information

Insurance Provider: [Insert Insurance Provider Name]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number, if applicable]

## Need Assistance?

If you have any questions or need to reschedule, please contact our office at [Insert Phone Number].

Thank you for choosing [Insert Clinic/Hospital Name] for your sleep study needs.