

Appointment Confirmation

Dear [Parent/Guardian's Name],

We are writing to confirm your child's sleep study appointment.

Patient's Name: [Child's Name]

Date of Appointment: [Date]

Time: [Time]

Location: [Facility Name, Address]

Please arrive 15 minutes prior to the scheduled appointment time. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing our facility for your child's care.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]