

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your sleep study appointment scheduled for:

Date: [Date]

Time: [Time]

Location: [Clinic/Facility Name]

Preparation Guidelines:

- Avoid caffeine and nicotine 24 hours prior to your appointment.
- Do not take a nap on the day of the study.
- Continue to take your regular medications unless instructed otherwise.
- Bring comfortable clothing and any personal items you may need.
- Arrive 15 minutes early to complete necessary paperwork.

If you have any questions or need to reschedule your appointment, please contact us at [Phone Number] or [Email Address].

We look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Facility Name]