

Sleep Study Appointment Confirmation

Date: [Insert Date]

Dear Dr. [Referring Physician's Last Name],

We are writing to confirm the appointment for your patient, [Patient's Name], for a sleep study. Below are the details of the appointment:

- **Date of Sleep Study:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location]
- **Contact Information:** [Insert Contact Number]

Please ensure the patient arrives 30 minutes prior to their scheduled time for check-in and any necessary preparations.

If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your referral.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]