

[Your Clinic/Practice Name]
[Your Clinic/Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

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

Dear [Patient's Name],

We are writing to confirm your appointment with Dr. [Doctor's Name] on
[Date] at [Time]. The appointment will take place at [Location/Office
Name].

Please arrive at least [X] minutes early to complete any necessary
paperwork. If you have any questions or need to reschedule, feel free to
contact our office at [Phone Number].

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Your Clinic/Practice Name]