

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

[Physician's Name]
[Physician's Practice Name]
[Practice Address]
[City, State, Zip Code]

Dear [Physician's Name],

I am writing to confirm my appointment scheduled for [Date] at [Time]. I will be visiting your office located at [Practice Address].

If you have any forms or additional information that you would like me to fill out prior to my visit, please let me know.

Thank you for your assistance. I look forward to my appointment.

Sincerely,
[Your Name]