[Your Healthcare Facility Name]
[Facility 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 pleased to confirm your appointment with [Provider's Name] on [Date] at [Time]. The appointment will take place at [Location/Department].
Please arrive 15 minutes early to allow time for check-in and any necessary paperwork. Bring any relevant medical records and your insurance information.
If you need to reschedule or have any questions, please contact us at [Phone Number or Email].
We look forward to seeing you soon!
Sincerely,
[Your Name]
[Your Title]
[Your Healthcare Facility Name]