

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Office or Clinic Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name or Receptionist's Name],
I am writing to confirm my appointment scheduled for [Date] at [Time].
Please let me know if there are any additional forms or documents I need
to bring along.
Thank you for your assistance.
Sincerely,
[Your Name]