

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

Dear [Doctor's Name/Receptionist's Name],

I am writing to confirm my dental appointment scheduled for [Date] at [Time]. I appreciate your assistance and look forward to my visit.

If there are any changes or additional information needed before my appointment, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you!

Sincerely,  
[Your Name]