

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

Dear [Doctor's Name or "Scheduling Coordinator"],
I hope this letter finds you well. I am writing to follow up regarding my medical appointment originally scheduled for [original appointment date]. Due to [reason for rescheduling or confirmation], I would like to confirm or reschedule my appointment.

Please let me know available dates and times at your earliest convenience. I appreciate your assistance in this matter.

Thank you for your attention.

Sincerely,

[Your Name]
[Your Date of Birth] (if needed for identification)