

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

Dear [Doctor's Name],

I am writing to confirm my upcoming medical appointment scheduled for  
[Date] at [Time].

Please let me know if there are any forms I should complete prior to my  
visit or any specific preparations I need to undertake.

Thank you, and I look forward to our meeting.

Sincerely,

[Your Name]