

[Your Clinic/Office Name]

[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 for your annual checkup.

Please find the details below:

****Appointment Details:****

- ****Date:**** [Date of Appointment]

- ****Time:**** [Time of Appointment]

- ****Location:**** [Clinic/Office Name and Address]

- ****Provider:**** [Doctor's Name or Healthcare Provider]

Please arrive at least [15 minutes] early to allow time for check-in.

Bring any relevant medical records and a list of medications you are currently taking.

If you need to reschedule or have any questions, feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing [Your Clinic/Office Name]. We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Office Name]