

[Your Practice Name]
[Your Practice 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 writing to confirm your upcoming appointment with us.

****Appointment Details:****

- ****Date:**** [Appointment Date]
- ****Time:**** [Appointment Time]
- ****Provider:**** [Provider's Name]
- ****Location:**** [Practice Location]

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

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Job Title]

[Your Practice Name]