

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

Dear [Doctor's Name],

I am writing to confirm my appointment for an eye examination scheduled on [Date] at [Time]. I would like to ensure that I have all the necessary information and documents ready for my visit.

Please let me know if there are any specific forms I should fill out ahead of time or if I need to bring any medical records. Additionally, if there are any pre-appointment instructions I should follow, please inform me.

Thank you for your assistance. I look forward to seeing you.

Sincerely,
[Your Name]