

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Eye Examination Appointment

I am writing to confirm your appointment for an eye examination.

****Appointment Details:****

- ****Date:**** [Date of Appointment]
- ****Time:**** [Time of Appointment]
- ****Location:**** [Clinic/Hospital Name, Address]

Please arrive at least [15/30] minutes early to complete any necessary paperwork. Bring any relevant medical records and your current prescription glasses or contacts, if applicable.

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

Thank you, and we look forward to assisting you with your eye care needs.

Sincerely,

[Your Name]
[Your Position]
[Clinic/Hospital Name]
[Contact Information]