

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

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

Dear [Patient's Name],

We are pleased to confirm your appointment with Dr. [Doctor's Name], Eye Specialist, on [Date] at [Time]. The appointment will take place at our office located at [Office Address].

Please arrive at least [X minutes] early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Office Phone Number].

Thank you for choosing our practice. We look forward to seeing you soon.

Sincerely,

[Your Name]  
[Your Position]  
[Practice Name]  
[Practice Contact Information]