

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Thank you for scheduling your eye exam with us. We are pleased to confirm your appointment as follows:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Address]

Doctor: [Doctor's Name]

Please arrive at least [X minutes] early to complete any necessary paperwork. Bring any current glasses or contact lenses, as well as your insurance information, if applicable.

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

We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Position]

[Clinic Name]

[Clinic Phone Number]

[Clinic Email Address]