

[Your Clinic/Practice Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm your eye test appointment. Below are the details:

**\*\*Appointment Date:\*\*** [Date]

**\*\*Appointment Time:\*\*** [Time]

**\*\*Location:\*\*** [Clinic/Practice Address]

**\*\*Doctor:\*\*** [Doctor's Name]

Please arrive 10-15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing [Clinic/Practice Name].

Sincerely,

[Your Name]

[Your Title]

[Clinic/Practice Name]

[Phone Number]

[Email Address]