

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

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

Dear [Recipient's Name],

I am writing to confirm my appointment for an eye exam scheduled for
[Date] at [Time].

Please let me know if there are any forms I need to complete before the
appointment or if there are any changes to the schedule.

Thank you, and I look forward to my visit.

Sincerely,

[Your Name]