

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Office Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to confirm my appointment scheduled for [Date] at [Time] at your office.

Please let me know if there are any forms or information needed prior to my visit.

Thank you, and I look forward to my appointment.

Sincerely,

[Your Name]