

[Your Name]  
[Your Title]  
[Your Organization]  
[Organization 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 IV therapy appointment scheduled for [Date] at [Time]. The appointment will take place at [Location/Clinic Name].

Please arrive at least [15/30 minutes] prior to your appointment to complete any necessary paperwork. If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

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

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]