

[Your Clinic/Hospital Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm your appointment for an IV insertion.

**\*\*Appointment Details:\*\***

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

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

- **\*\*Location:\*\*** [Clinic/Hospital Name and Address]

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

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]