

[Your Name]
[Your Title]
[Your Practice/Organization Name]
[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 writing to confirm your follow-up appointment scheduled for [Date] at [Time]. The appointment will take place at [Location/Room Number]. 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, and we look forward to seeing you soon.

Sincerely,

[Your Name]
[Your Title]
[Your Practice/Organization Name]