

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Facility/Clinic Name]
[Facility/Clinic Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm my appointment for occupational therapy. Below are the details of the appointment:

****Date:**** [Appointment Date]
****Time:**** [Appointment Time]
****Location:**** [Facility/Clinic Address]
****Therapist:**** [Therapist's Name]

Please let me know if there are any forms or information I should bring with me to the appointment.

Thank you for your assistance. I look forward to my visit.

Sincerely,
[Your Name]