

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Clinic or Therapist's Name]
[Clinic Address]
[City, State, Zip Code]
Dear [Recipient's Name],
I am writing to confirm my appointment for occupational therapy.
Appointment Details:
- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Location of Appointment]
If for any reason I am unable to attend, I will notify you as soon as possible.
Thank you for your assistance.
Sincerely,
[Your Name]