

[Your Clinic/Practice Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to confirm your appointment for occupational therapy at our clinic. Below are the details of your appointment:

**\*\*Date:\*\*** [Date of Appointment]

**\*\*Time:\*\*** [Time of Appointment]

**\*\*Duration:\*\*** [Duration of Appointment]

**\*\*Location:\*\*** [Clinic/Office Address]

Please arrive at least [15/30] minutes early to complete any necessary paperwork. If you need to reschedule, please contact us at [Phone Number] at least [24/48] hours in advance.

What to bring:

- Insurance card (if applicable)
- Any relevant medical records
- Comfortable clothing and any assistive devices you may use

We look forward to working with you and supporting your therapy journey.

Best regards,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]