

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Therapist's Name or Clinic Name]
[Clinic Address]
[City, State, Zip Code]
Dear [Recipient's Name],
This letter is to confirm your physical therapy appointment scheduled
for:
Date: [Insert Date]
Time: [Insert Time]
Location: [Insert Clinic Name and Address]
Please arrive 15 minutes early to complete any necessary paperwork. If
you need to reschedule or have any questions, feel free to contact us at
[Insert Phone Number] or [Insert Email Address].
We look forward to seeing you!
Sincerely,
[Your Name]
[Your Position, if applicable]
[Clinic or Organization Name] (if applicable)