

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

Dear [Recipient's Name],

We are pleased to confirm your rhinoplasty appointment with Dr. [Doctor's Name] on [Date] at [Time]. The procedure will take place at [Location/Clinic Name].

Please arrive at least [10/15/30] minutes early to complete any necessary paperwork. Remember to follow any pre-operative instructions provided during your consultation.

If you have any questions or need to reschedule, feel free to contact us at [Clinic Phone Number] or [Email Address].

We look forward to seeing you soon.

Best regards,

[Your Name]
[Your Position]
[Clinic/Hospital Name]
[Clinic Phone Number]
[Clinic Email Address]