

[Sender Name/Clinic Name]
[Sender Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Confirmation of Scheduled Medical Examination

Dear [Recipient Name],

This letter is to confirm your upcoming medical examination. Please find the details of your appointment below:

Date: [Day of week, Month Day, Year]
Time: [Time AM/PM]
Location: [Clinic Name/Room Number/Address]

Please arrive at least [15] minutes before your scheduled time to complete any necessary paperwork. Remember to bring your photo ID, insurance card, and [list any specific requirements, e.g., medical records or specific forms].

If you need to reschedule or cancel this appointment, please contact us at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you.

Sincerely,

[Sender Name/Department]
[Clinic Name]