[Date]

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

Subject: Appointment Confirmation for Routine Dental Examination

Dear [Patient Name],

This is a reminder regarding your upcoming appointment for a routine dental examination and cleaning at [Dental Practice Name].

Appointment Details:

- Date: [Date of Appointment]
- Time: [Time of Appointment]
- Location: [Clinic Address]

Routine check-ups are essential for maintaining your oral health and preventing future issues. This visit will include a professional cleaning and a comprehensive exam by [Doctor Name].

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

We look forward to seeing you soon.

Sincerely,

[Your Name/Office Manager]
[Dental Practice Name]
[Phone Number]