

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

[Date]

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

**Subject: Appointment Confirmation - Routine Sun Damage Evaluation**

Dear [Patient Name],

This letter is to confirm your upcoming appointment for a routine sun damage evaluation and skin screening.

**Appointment Details:**

Date: [Date of Appointment]  
Time: [Time of Appointment]  
Provider: [Doctor/Provider Name]

Regular skin evaluations are essential for the early detection of sun-related damage and potential skin health issues. During this appointment, your provider will perform a thorough visual inspection of your skin to identify any suspicious spots, moles, or areas of concern.

**Please prepare for your visit by:**

- Removing all nail polish from fingers and toes.
- Removing makeup prior to the exam.
- Wearing loose-fitting clothing that is easy to change out of.
- Identifying any specific spots you would like the provider to examine.

If you need to reschedule or cancel your appointment, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you soon.

Sincerely,

[Your Name/Office Signature]  
[Title]