

[Hospital or Clinic Letterhead]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Confirmation of Specialist Physician Assignment

Dear [Patient Name],

This letter is to formally confirm the assignment of your specialist physician for your upcoming medical care.

Specialist Details:

Physician Name: [Physician Name]

Specialty: [Department/Specialty Name]

Office Location: [Building/Suite Number]

Appointment Details:

Date: [Appointment Date]

Time: [Appointment Time]

Your specialist has been provided with your medical history and referral documents. Please remember to bring your insurance card and a list of current medications to your first consultation.

If you need to reschedule or have any questions regarding this assignment, please contact our coordination office at [Phone Number] or via email at [Email Address].

We look forward to providing you with the highest quality of care.

Sincerely,

[Your Name/Signature]

[Title/Position]

[Facility Name]