



Appointment Confirmation

Field	Details
Doctor	D-001
Date	2025-01-15
Time	09:00
Patient Name	John Doe
Phone	+94771234567
Email	john.doe@email.com
NIC	199012345678
Passport	N1234567

Please arrive 10 minutes early for your appointment.
Contact us if you need to reschedule or have any questions.
Thank you for choosing MediCore Dental Clinic.