[Date]

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

Subject: Appointment Confirmation for Vein Mapping Consultation

Dear [Patient Name],

This letter is to confirm your upcoming appointment for a Vein Mapping Consultation at [Clinic/Hospital Name].

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Department/Suite Number, Full Address]
- **Physician/Technician:** [Name of Professional]

About the Procedure:
Vein mapping is a non-invasive ultrasound scan used to create a "map" of the veins in your arms or legs. This helps your medical team plan for future procedures, such as dialysis access or bypass surgery. The procedure is painless and typically takes 30 to 60 minutes.

Instructions for Your Visit:

- Please arrive 15 minutes early to complete registration.
- Wear loose, comfortable clothing. You may be asked to change into a medical gown.
- Bring your insurance card and a valid photo ID.
- Continue taking all regular medications unless told otherwise.

If you need to reschedule or have any questions, please call our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Sender Name]
[Title/Department]
[Clinic/Hospital Name]