

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to confirm your upcoming telehealth appointment to discuss the results of your recent MRI scan performed on [Date of Scan].

**Appointment Details:**

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor/Provider Name]
- **Telehealth Link:** [Insert URL or Meeting ID]

**Instructions for your Telehealth Visit:**

Please log in to the link provided at least 5 minutes before your scheduled time. Ensure you are in a private, quiet location with a stable internet connection. If you have any specific questions regarding your scan, you may wish to have them written down prior to the call.

If you need to reschedule or have trouble accessing the link, please contact our office at [Phone Number] or [Email Address].

We look forward to speaking with you.

Sincerely,

[Doctor/Provider Name]

[Clinic/Department Name]

[Contact Information]