[Hospital or Clinic Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Notification of Upcoming Diagnostic Imaging Appointment

Dear [Patient Name],

This letter is to confirm your upcoming diagnostic imaging appointment. Please find the details of your scheduled procedure below:

- **Procedure Type:** [e.g., MRI, CT Scan, X-Ray, Ultrasound]
- **Date:** [Date of Appointment]
- **Arrival Time:** [Time]
- **Location:** [Facility Name/Building/Room Number]

Preparation Instructions:
[Insert specific instructions here, e.g., Fasting for 6 hours, drinking specific amounts of water, or wearing comfortable clothing without metal zippers.]

Important Information:

- Please bring your photo ID and insurance card.
- Arrive [Number] minutes early to complete necessary paperwork.
- If you are pregnant or suspect you may be pregnant, please inform the technician immediately.
- If you have any implants, pacemakers, or allergies to contrast dye, please notify us prior to your arrival.

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

We look forward to seeing you.

Sincerely,

[Name/Signature]
[Title]
[Department Name]