

[Facility Name]  
[Facility Address]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]

## Appointment Reminder: Radiology Services

Dear [Patient Name],

This is a reminder of your upcoming radiology appointment. Please find the details below:

- **Procedure:** [Type of Scan/Exam]
- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Department/Building Name]

### Preparation Instructions:

[Insert specific instructions here, e.g., Fasting for 6 hours, drinking water, or wearing comfortable clothing.]

### Important Information:

- Please arrive [15/30] minutes before your scheduled time to complete registration.
- Bring your photo ID and insurance card.
- If you have any implants, metal in your body, or if there is a possibility of pregnancy, please inform the technician immediately.

If you need to reschedule or cancel, please contact us at [Phone Number] at least [24/48] hours in advance.

Thank you for choosing [Facility Name].

Sincerely,

[Department Name]  
[Facility Name]