

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Appointment Date:** [Insert Date]

**Arrival Time:** [Insert Time]

**Location:** [Insert Department/Facility Name]

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# Appointment Reminder: Computed Tomography (CT) Scan

Dear [Patient Name],

This is a reminder regarding your upcoming CT scan. Please follow the preparation instructions below to ensure a successful imaging procedure.

## 1. Fasting Requirements

- Do not eat any solid food [Number] hours before your appointment.
- You may drink clear liquids (water, black coffee, or tea) up until [Number] hours before the scan.

## 2. Medications and Medical History

- Take your regular medications as prescribed unless instructed otherwise by your doctor.
- Inform the technician if you are pregnant or think you may be pregnant.
- Notify us if you have any allergies, specifically to iodine or contrast dye.
- Inform us if you have a history of kidney disease or diabetes.

## 3. Clothing and Valuables

- Wear comfortable, loose-fitting clothing.
- Avoid wearing clothing with metal zippers, snaps, or buttons.
- Please remove all jewelry, piercings, and hearing aids before the scan.

## 4. Check-In

Please arrive at least [Number] minutes before your scheduled appointment time to complete necessary paperwork.

If you need to reschedule or have questions, please call our office at [Insert Phone Number].

Sincerely,

[Insert Provider/Facility Name]

[Insert Contact Information]