

[Hospital or Clinic Name]  
[Department Name]  
[Phone Number]  
[Date]

To: [Patient Full Name]  
Address: [Patient Address]

## APPOINTMENT REMINDER: DIAGNOSTIC IMAGING

Dear [Patient Name],

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

- **Procedure:** [Type of Scan, e.g., MRI, CT, X-Ray]
- **Date:** [Appointment Date]
- **Arrival Time:** [Time - e.g., 20 minutes before scan]
- **Appointment Time:** [Scheduled Time]
- **Location:** [Facility Name and Floor/Suite Number]

### Preparation Instructions:

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

### What to Bring:

- Your health insurance card and a photo ID.
- The physician's referral or order form (if provided to you).
- A list of your current medications.

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

We look forward to seeing you.

Sincerely,

[Department Name]  
[Facility Name]