

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Your Interventional Radiology Consultation Appointment

Dear [Patient Name],

This is a friendly reminder of your upcoming consultation with the Interventional Radiology department.

Appointment Details:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name, Department Address]

During this consultation, you will meet with our clinical team to discuss your upcoming procedure, review your medical history, and answer any questions you may have. Please remember to bring your insurance card, a list of current medications, and any recent imaging discs (CT or MRI) if they were performed at a different facility.

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

We look forward to seeing you.

Sincerely,

[Provider/Clinic Name]

[Department Name]

[Contact Information]