

[Date]

To the Parent/Guardian of [Patient Name],  
[Patient Address]  
[City, State, Zip Code]

**Subject: Appointment Reminder for Diagnostic Radiology**

Dear [Parent/Guardian Name],

This is a reminder that **[Patient Name]** has a diagnostic radiology appointment scheduled at [Facility Name].

**Appointment Details:**

Date: [Date of Appointment]

Check-in Time: [Time]

Procedure: [Type of Scan/X-ray]

**Location:**

[Department Name]

[Full Address]

[Floor/Suite Number]

**Special Instructions for Your Child:**

[Optional: e.g., No food or drink 4 hours before arrival.]

[Optional: e.g., Please wear comfortable clothing without metal zippers.]

Please bring your insurance card, a photo ID, and any relevant medical records or previous imaging discs. If your child has a favorite small toy or blanket, they are welcome to bring it for comfort.

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

We look forward to seeing you.

Sincerely,

[Staff Name/Department]

[Facility Name]