

[Hospital or Imaging Center Name]  
[Department Name]  
[Address]  
[Phone Number]  
[Date]

**RE: Outpatient Imaging Appointment Notification**

Dear [Patient Name],

This letter is to confirm that an outpatient imaging procedure has been scheduled for you. Please review the appointment details below:

- **Procedure:** [Type of Exam, e.g., MRI, CT Scan, Ultrasound]
- **Date:** [Appointment Date]
- **Arrival Time:** [Time]
- **Location:** [Facility Name and Suite/Room Number]

**Instructions for your visit:**

- Please bring your photo ID and insurance card.
- Wear comfortable, loose-fitting clothing without metal zippers or buttons.
- [Insert specific preparation instructions, e.g., Fasting requirements].
- Arrival is requested [Number] minutes prior to your scheduled time to complete registration.

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

Thank you for choosing [Hospital/Center Name] for your healthcare needs.

Sincerely,

[Scheduling Department Name]  
[Hospital or Imaging Center Name]