[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Appointment Reminder for Cardiology Evaluation

Dear [Patient Name],

This is a reminder of your upcoming cardiology evaluation at [Clinic/Hospital Name].

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Full Address/Building/Suite Number]
- **Provider:** [Doctor's Name]

Important Instructions:

- Please arrive [15] minutes early to complete check-in paperwork.
- Bring a current list of all medications and supplements you are taking.
- Bring your insurance card and a photo ID.
- [Optional: Fasting instructions or clothing requirements].

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

We look forward to seeing you.

Sincerely,

[Name of Clinic/Staff Name]
[Phone Number]
[Website]