[Date]

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

Subject: Appointment Reminder: Your Echocardiogram

Dear [Patient Name],

This is a reminder of your upcoming Echocardiogram appointment scheduled at [Clinic/Hospital Name].

Appointment Details:
Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Department/Suite, Full Address]

Preparation Instructions:
- Please arrive [15] minutes early to complete registration.
- You may eat and drink normally unless instructed otherwise by your doctor.
- Wear a comfortable two-piece outfit, as you will be asked to remove clothing from the waist up.

An echocardiogram is a non-invasive ultrasound of your heart. The procedure usually takes between 30 to 60 minutes.

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,

[Staff Name/Department]
[Clinic/Hospital Name]