Date: [Current Date]

Patient Name: [Patient Name]
Appointment Date: [Date of Test]
Arrival Time: [Arrival Time]
Location: [Department/Clinic Name]

Dear [Patient Name],

This is a reminder regarding your upcoming **Treadmill Stress Test**. This test helps your doctor evaluate how your heart handles physical activity.

Important Instructions:

- **Clothing:** Wear comfortable clothes and walking/running shoes.
- **Food/Drink:** Do not eat or drink anything except water for 3 hours prior to the test. Avoid caffeine (coffee, tea, soda, chocolate) for 24 hours.
- **Medications:** Take your usual medications unless your doctor has specifically told you to stop them for this test.
- **Smoking:** Do not smoke for at least 4 hours before the test.

Please arrive 15 minutes early to complete check-in procedures. If you need to reschedule, please call us at [Phone Number] at least 24 hours in advance.

Sincerely,

[Doctor or Clinic Name]
[Contact Information]