[Date]

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

Subject: Reminder: Your Holter Monitor Appointment

Dear [Patient Name],

This is a reminder of your upcoming appointment to have a Holter monitor placed for heart rhythm evaluation.

Appointment Details:

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Clinic Name/Department Name]
- Provider: [Doctor Name]

Important Instructions:

- Please bathe or shower before your appointment, as you will not be able to do so while wearing the monitor (usually 24 to 48 hours).
- Do not apply lotions, oils, or powders to your chest area.
- Wear loose-fitting clothing or a button-down shirt to accommodate the device and wires.
- Arrive [15] minutes early to complete any necessary paperwork.

If you need to reschedule or have any questions, please call our office at [Phone Number] at least [24] hours in advance.

Sincerely,

[Clinic Name]
[Contact Information]