[Clinic/Hospital Name]
[Clinic Address]
[Phone Number]
[Date]

To: [Patient Name]
[Patient Address]

Appointment Reminder: Electrocardiogram (ECG)

Dear [Patient Name],

This is a reminder of your upcoming appointment for an Electrocardiogram (ECG) test.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Department/Room Number]
- **Provider:** [Doctor/Technician Name]

Important Instructions:

- Please arrive 15 minutes early to complete any necessary paperwork.
- Wear comfortable, loose-fitting clothing. A two-piece outfit is recommended as you may need to undress from the waist up.
- Avoid applying oily lotions or creams to your chest on the day of the test, as these can interfere with the electrode patches.
- The test is painless and typically takes 10 to 15 minutes.

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

We look forward to seeing you.

Sincerely,

[Signature/Name]
[Title]
[Clinic Name]