[Hospital or Clinic Name]
[Department Name]
[Address]
[Phone Number]

[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Subject: Reminder: Scheduled Cardiac Catheterization Evaluation

Dear [Patient Name],

This letter is a reminder regarding your upcoming cardiac catheterization evaluation scheduled for:

Date: [Appointment Date]
Arrival Time: [Time]
Location: [Facility Name/Room Number]

Please follow these important instructions before your procedure:

- **Fast:** Do not eat or drink anything after midnight the night before your procedure.
- **Medications:** Take your usual medications with a small sip of water, unless instructed otherwise by your doctor (specifically regarding blood thinners or diabetes medication).
- **Transportation:** You must have a responsible adult to drive you home, as you will receive sedation.
- **What to Bring:** Please bring a photo ID, your insurance card, and a current list of all medications.

If you have developed a fever, cold, or any new illness, or if you need to reschedule, please contact our office immediately at [Phone Number].

Thank you for choosing us for your care.

Sincerely,

[Doctor's Name/Department Head]
[Clinical Title]