[Date]

[Parent/Guardian Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Appointment Reminder: Pediatric Cardiology Evaluation for [Patient Name]

Dear [Parent/Guardian Name],

This letter is to remind you of the upcoming pediatric cardiology evaluation for [Patient Name].

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Clinic Name/Address]
- **Physician:** [Doctor Name]

Please arrive [15/30] minutes early to complete any necessary paperwork. Depending on the evaluation, your child may undergo tests such as an EKG (electrocardiogram) or an Echocardiogram (ultrasound of the heart). These tests are non-invasive and painless.

What to bring:

- Your insurance card and photo ID.
- A list of current medications and dosages.
- Previous medical records or heart-related test results (if applicable).
- Comfort items for your child (a favorite toy or tablet).

If you need to reschedule or cancel, please notify us at least [24/48] hours in advance by calling [Phone Number].

We look forward to seeing you and your child.

Sincerely,

[Clinic Name]
[Phone Number]
[Website]