[Date]

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

Subject: REMINDER: Required Cardiology Testing Before Surgery

Dear [Patient Name],

This is a reminder regarding your upcoming surgical procedure scheduled for [Surgery Date]. To ensure your safety during the operation, our cardiology department requires the following tests to be completed by [Deadline Date]:

- [Test Name 1, e.g., EKG]
- [Test Name 2, e.g., Stress Test]
- [Test Name 3, e.g., Echocardiogram]

Appointment Details:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Clinic/Hospital Name and Address]

Please remember to bring a list of your current medications and arrive [15] minutes early for registration. If you have already completed these tests elsewhere, please have the results faxed to our office at [Fax Number] as soon as possible.

Failure to complete these tests may result in the postponement or cancellation of your surgery. If you need to reschedule your testing appointment, please call us immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Doctor/Coordinator Name]
[Department Name]
[Facility Name]