[Date]

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

Subject: Reminder - Routine Cardiac Evaluation Appointment

Dear [Patient Name],

This is a friendly reminder of your upcoming routine cardiac evaluation at [Clinic/Hospital Name]. Regular check-ups are essential for monitoring your heart health and ensuring your continued well-being.

Your appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Office Address/Suite Number]
- **Provider:** [Doctor's Name]

Please arrive 15 minutes before your scheduled time to complete any necessary paperwork. Remember to bring your insurance card and a current list of all medications you are taking.

Special Instructions: [e.g., Fasting required for blood work / Wear comfortable clothing for an EKG]

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

We look forward to seeing you.

Sincerely,

[Name of Staff/Department]
[Clinic/Hospital Name]