[Date]

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

Subject: Reminder - Scheduled Non-Invasive Cardiology Testing

Dear [Patient Name],

This is a friendly reminder from [Clinic/Hospital Name] regarding your upcoming non-invasive cardiology test. Our records show that you are scheduled for the following procedure:

- **Test Type:** [e.g., Echocardiogram, Stress Test, EKG, Holter Monitor]
- **Date:** [Date of Test]
- **Time:** [Time of Test]
- **Location:** [Department/Suite Number]

Important Instructions:

- Please arrive [15/30] minutes early to complete any necessary paperwork.
- Bring a valid ID and your current insurance card.
- [Insert specific prep instructions, e.g., "Wear comfortable clothing and walking shoes" or "Do not consume caffeine 24 hours prior"].

Non-invasive testing is a vital part of monitoring your heart health. If you need to reschedule or have any questions regarding your preparation, please contact our office at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you.

Sincerely,

[Doctor's Name/Department Name]
[Clinic/Hospital Name]
[Phone Number]