[Current Date]

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

Subject: Reminder - Scheduled Heart Failure Evaluation

Dear [Patient Name],

This is a reminder that you have an upcoming appointment at the [Clinic Name] Heart Failure Clinic for your scheduled evaluation.

**Appointment Details:**

- Date: [Appointment Date]
- Time: [Appointment Time]
- Provider: [Provider Name]
- Location: [Clinic Address/Room Number]

Regular evaluations are a vital part of managing your heart health. During this visit, we will review your current symptoms, adjust medications if necessary, and discuss your ongoing treatment plan.

**Please remember to:**

- Bring an updated list of all your current medications.
- Bring your daily weight log (if applicable).
- Arrive 15 minutes early to complete any necessary paperwork.

If you need to reschedule or have any questions, please call us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Clinic Name]
[Contact Information]