[Facility Name]
[Facility Address]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

Patient Name: [Patient Name]
Appointment Date: [Date of Appointment]
Arrival Time: [Time of Arrival]

Dear [Patient Name],

This is a reminder regarding your upcoming nuclear cardiology stress test scheduled at [Facility Name].

Important Preparation Instructions:

- Do not consume any caffeine (coffee, tea, soda, chocolate, or medications containing caffeine) for 24 hours prior to the test.
- Do not eat or drink anything except plain water for [Number] hours before your appointment.
- Wear comfortable, loose-fitting clothing and walking shoes.
- Bring a complete list of your current medications.
- Consult your doctor regarding which medications to take or hold on the morning of the test, specifically beta-blockers or inhalers.

The entire procedure may take approximately [Number] to [Number] hours. Please arrive on time to ensure proper scheduling.

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

Sincerely,

[Department Name/Provider Name]
[Facility Name]