[Hospital or Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Reminder: Pacemaker Evaluation Appointment

Dear [Patient Name],

This is a reminder regarding your upcoming appointment for a pacemaker evaluation and function check.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Department/Room Number]
- **Provider:** [Physician Name]

This routine check is essential to ensure your device is working correctly and to monitor battery life. Please bring a current list of your medications and your pacemaker identification card to this visit.

Please arrive [15] minutes before your scheduled time to complete any necessary paperwork. If you need to reschedule or cancel this appointment, please contact our office at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you.

Sincerely,

[Sender Name/Office Manager]
[Clinic Name]