[Date]

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

Subject: Appointment Reminder: Vascular Ultrasound Testing

Dear [Patient Name],

This letter is to remind you of your upcoming vascular ultrasound appointment at [Clinic/Facility Name].

Appointment Details:
Date: [Appointment Date]
Arrival Time: [Arrival Time]
Procedure Time: [Procedure Time]
Location: [Department/Suite, Building Name]

Preparation Instructions:
[Instruction 1: e.g., Do not eat or drink 6 hours prior to exam.]
[Instruction 2: e.g., Wear loose-fitting, comfortable clothing.]
[Instruction 3: e.g., Please bring your photo ID and insurance card.]

A vascular ultrasound is a non-invasive, painless procedure used to evaluate the blood flow in your veins and arteries. The test typically takes [Duration] minutes to complete.

If you need to reschedule or cancel this appointment, please contact us at [Phone Number] at least [24/48] hours in advance to avoid a cancellation fee.

We look forward to seeing you.

Sincerely,

[Doctor/Staff Name]
[Clinic Name]
[Phone Number]