

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert ID Number]

Date of Birth: [Insert DOB]

Subject: Diagnostic Testing Appointment Confirmation and Instructions

Dear [Patient Name],

This letter is to confirm your upcoming diagnostic testing appointment. Please review the details below carefully.

Appointment Details:

- **Test Type:** [Insert Name of Test, e.g., MRI, Blood Work, X-Ray]
- **Date:** [Insert Date]
- **Arrival Time:** [Insert Time]
- **Location:** [Insert Department/Facility Name and Address]

Preparation Instructions:

[Insert specific instructions here, e.g., Fast for 8 hours prior, wear loose clothing, bring a list of current medications, etc.]

Important Documentation:

- Please bring your Photo ID and Insurance Card.
- Bring the signed physician referral/order form (if provided).
- Bring any previous scans or results related to this condition.

Cancellation Policy:

If you need to reschedule or cancel your appointment, please contact us at [Insert Phone Number] at least [Insert Hours, e.g., 24] hours in advance.

If you have any questions regarding these instructions or the procedure, please contact our office at [Insert Phone Number].

Sincerely,

[Staff/Doctor Name]

[Facility Name]

[Contact Information]