[Date]

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

Subject: Reminder - Scheduled Immunotherapy Injection

Dear [Patient Name],

This is a reminder regarding your upcoming immunotherapy injection scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Clinic/Department Name]

Consistency is key to the success of your treatment. Please remember the following instructions for your visit:

- Arrive 15 minutes before your scheduled time.
- Plan to remain in the clinic for [Number] minutes after your injection for mandatory observation.
- Notify the nurse if you are currently feeling ill or taking new medications.
- If you have had a reaction to a previous injection, please inform us immediately upon arrival.

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

We look forward to seeing you.

Sincerely,

[Doctor/Provider Name]
[Practice Name]