

[Hospital/Clinic Name]
[Department of Cardiology]
[Address Line 1]
[Address Line 2]
[Phone Number]

Date: [Current Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Subject: Appointment for Routine Pacemaker Check and Cardiology Review

Dear [Patient Last Name],

Our records indicate that you are now due for your routine pacemaker technician check and follow-up cardiology review. Regular monitoring is essential to ensure your device is functioning correctly and to optimize your heart health.

We have scheduled an appointment for you as follows:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Clinic Name/Room Number]

During this visit, a technician will perform a non-invasive check of your device's battery life and lead performance. This will be followed by a consultation with the cardiology team to review your progress.

Please bring a current list of your medications to this appointment. If you use a home monitoring console, ensure it remains plugged in and active leading up to your visit.

If you are unable to attend at this time, please contact us at [Phone Number] as soon as possible to reschedule. This allows us to offer the appointment time to another patient.

We look forward to seeing you.

Sincerely,

[Name/Signature]
Cardiology Administration Team