

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

Date: [Current Date]

To: [Patient Name]
Address: [Patient Address]
DOB: [Date of Birth]
Patient ID: [ID Number]

Subject: Appointment for Annual Pacemaker Check and Cardiology Review

Dear [Patient Name],

Our records indicate that your annual pacemaker technical check and cardiology clinical review are now due. It is important to attend these appointments to ensure your device is functioning correctly and to monitor your heart health.

We have scheduled your appointment as follows:

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

During this visit, a cardiac technician will test your pacemaker's battery life and settings. Following this, you will meet with the cardiology team to discuss your overall cardiovascular health.

Please bring a current list of your medications to this appointment. If you use a remote monitoring bedside transmitter at home, please 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 to another patient.

We look forward to seeing you.

Sincerely,

[Doctor/Technician Name]
[Title]
[Department Name]