

[Clinic/Hospital Name]  
[Department of Cardiology]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

Re: Follow-Up Pacemaker Check and Cardiology Review

Dear [Patient Name],

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

Your appointment has been scheduled as follows:

**Date:** [Date of Appointment]  
**Time:** [Time of Appointment]  
**Location:** [Specific Clinic or Room Number]

During this visit, a technician will perform a non-invasive check of your device to monitor battery life and lead performance. This will be followed by a consultation with your cardiologist to review your symptoms and current treatment plan.

Please bring a current list of your medications to this appointment. If you are unable to attend at this time, please contact us at [Phone Number] at least 48 hours in advance to reschedule.

We look forward to seeing you.

Sincerely,

[Doctor's Name/Clinic Manager]  
[Department of Cardiology]