

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

**Date:** [Current Date]

**To:** [Patient Full Name]  
**Address:** [Patient Address]  
**DOB:** [Patient Date of Birth]  
**Patient ID:** [Medical Record Number]

**Subject: Appointment Notification: Scheduled Pacemaker Check and Cardiology Review**

Dear [Patient Name],

This letter is to inform you that you are now due for your routine pacemaker clinical check and cardiology review. Periodic monitoring is essential to ensure your device is functioning correctly and to optimize your cardiac health.

**Your appointment has been scheduled for:**

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Name/Room Number]
- **Physician/Technician:** [Provider Name]

During this visit, a technician will use a programmer to wirelessly communicate with your device to check battery life, lead integrity, and recorded heart rhythm data. Following the technical check, you will meet with the cardiology team to discuss the results and your current symptoms.

**Instructions for your visit:**

- Please bring your Pacemaker Identification Card.
- Bring an updated list of all current medications.
- Plan to arrive 15 minutes before your scheduled time.
- The appointment will last approximately [Duration, e.g., 45 minutes].

If you are unable to attend this appointment, please contact us at [Phone Number] at least 24 hours in advance to reschedule. If you have any new symptoms such as dizziness, fainting, or shortness of breath before your appointment, please contact the clinic immediately.

Sincerely,

[Signature/Name]  
[Title/Department]  
[Clinic Name]