

**[Clinic/Hospital Name]**

[Department of Cardiology/Electrophysiology]

[Address Line 1]

[City, State, Zip Code]

[Phone Number]

**Date:** [Current Date]

**To:** [Patient Name]

**Address:** [Patient Address]

**DOB:** [Date of Birth]

**Patient ID:** [ID Number]

**Subject: Appointment Notice: Comprehensive Pacemaker Check and Cardiology Review**

Dear [Patient Name],

Our records indicate that you are due for your routine comprehensive pacemaker evaluation and cardiology consultation. Regular monitoring of your device is essential to ensure it is functioning correctly and to assess battery longevity.

**Your appointment has been scheduled for:**

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Location:** [Clinic Name/Room Number]
- **Physician:** [Doctor's Name]

**What to expect during this visit:**

- **Device Interrogation:** A technician will wirelessly check your pacemaker's settings, battery status, and lead integrity.
- **Clinical Review:** Your cardiologist will review the device data, perform a physical exam, and discuss your current heart health.
- **Medication Update:** We will review your current cardiac medications.

**Instructions for your visit:**

- Please bring an updated list of all medications you are currently taking.
- Bring your Pacemaker Identification Card.
- Plan to arrive 15 minutes early to complete any necessary paperwork.

If you need to reschedule this appointment, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you and assisting with your continued cardiac care.

Sincerely,

[Doctor's Name/Clinic Manager Name]

[Title]

[Clinic Name]