

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

[Date]

[Patient Full Name]  
[Patient Address]  
[Patient Date of Birth]  
[Patient Hospital ID]

**Subject: Appointment for Pacemaker Check and Cardiology Review**

Dear [Patient Name],

Our records indicate that you are now due for your routine pacemaker clinical review and cardiac assessment. It is important to monitor your device regularly to ensure it is functioning correctly and to optimize battery life.

We have scheduled an appointment for you as follows:

**Date:** [Insert Date]  
**Time:** [Insert Time]  
**Location:** [Insert Clinic/Room Number]

During this appointment, a cardiac technician will perform a non-invasive check of your device using a programmer. Following the device check, you will meet with the cardiology team to review your current symptoms and cardiac health.

Please bring a current list of your medications to this appointment. If you have any remote monitoring equipment at home, you do not need to bring it unless specifically requested.

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

We look forward to seeing you.

Sincerely,

[Staff Name/Department Head]  
[Title]  
[Cardiology Department]