

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

[Date]

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

Re: Post-Operative Pacemaker Check and Cardiology Review

Dear [Patient Name],

Our records indicate that you are due for a routine post-operative pacemaker check and a follow-up consultation with your cardiologist. These appointments are essential to ensure your device is functioning correctly and to monitor your recovery following your recent procedure.

Your appointment has been scheduled as follows:

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

During this visit, a technician will perform a "device interrogation" to check the battery life and lead settings. Following the check, you will meet with the cardiology team to discuss your overall progress and any symptoms you may be experiencing.

Please remember to bring a current list of your medications and your pacemaker identification card to this appointment.

If you need to reschedule or have any questions, please contact our office at [Phone Number] at your earliest convenience.

Sincerely,

[Name of Sender/Department]
[Title]