

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased you have chosen our facility for your non-invasive cardiovascular care. Our team is dedicated to providing high-quality diagnostic services to help manage your heart health.

Your upcoming appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Doctor/Provider Name]

As a non-invasive cardiology clinic, we specialize in diagnostic testing such as:

- Electrocardiograms (EKG)
- Echocardiograms
- Stress Testing
- Holter and Event Monitoring
- Vascular Ultrasounds

Please remember to bring the following to your appointment:

- A valid photo ID and your current insurance card.
- A complete list of your current medications and dosages.
- Any recent lab results or imaging reports from other facilities.

If you need to reschedule or cancel your appointment, please provide at least 24 hours' notice. If you have any questions regarding your visit or specific test instructions, please contact our office at [Phone Number].

We look forward to seeing you soon.

Sincerely,

[Provider or Practice Manager Name]
[Practice Name]