

Date: [Insert Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Urgent Cardiology Assessment Appointment

Dear [Patient Name],

You have been scheduled for an urgent cardiology assessment at [Clinic/Hospital Name]. This appointment has been prioritized based on your recent medical referral to ensure a timely evaluation of your heart health.

Appointment Details:

- **Date:** [Insert Date]
- **Arrival Time:** [Insert Time]
- **Location:** [Insert Department/Room/Floor]
- **Physician:** Dr. [Insert Name]

What to Bring:

- A current list of all medications and dosages.
- A copy of any recent test results or imaging (if available).
- Your insurance card and valid photo identification.

Important Instructions:

[Insert specific instructions, e.g., "Please refrain from caffeine 4 hours prior" or "Wear comfortable clothing for an EKG"].

If you have any questions or are unable to attend this urgent appointment, please contact our office immediately at [Phone Number].

We look forward to providing your care.

Sincerely,

[Sender Name]

[Title/Department]

[Clinic/Hospital Name]