Date: [Insert Date]

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

Welcome to [Clinic/Hospital Name]

Dear [Patient Name],

We are pleased to welcome you to our Pulmonary Diagnostic Department. You have been scheduled for **Diagnostic Lung Function Testing** on the following date and time:

Appointment Date: [Date]
Appointment Time: [Time]
Location: [Department/Room Number]

What to Expect

These tests measure how well your lungs work. They are non-invasive and involve breathing into a mouthpiece connected to a computer. The duration of the appointment is typically [Duration, e.g., 45 to 60 minutes].

Important Instructions

- Please do not smoke for at least [Number] hours before the test.
- Avoid eating a heavy meal for [Number] hours prior to your appointment.
- Wear loose, comfortable clothing that does not restrict your chest or abdomen.
- [Optional] Please refrain from using your rescue inhaler for [Number] hours before the test unless you experience breathing difficulties.

What to Bring

- A valid photo ID and your insurance card.
- A list of your current medications (specifically any inhalers).
- The completed health questionnaire attached to this letter.

If you need to reschedule or have any questions regarding your appointment, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Doctor/Department Name]
[Clinic/Hospital Name]