[Date]

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

Dear [Patient Name],

We are pleased to welcome you to [Sleep Center Name]. Your physician, Dr. [Referring Physician Name], has referred you to our facility for a sleep diagnostic evaluation to better understand your sleep health.

Our team of specialists is dedicated to providing you with a comfortable environment and accurate results. A sleep study is a non-invasive procedure that helps us monitor your breathing, heart rate, and brain activity while you sleep.

Your Appointment Details:

- **Date:** [Appointment Date]
- **Arrival Time:** [Arrival Time]
- **Location:** [Full Address of Sleep Center]

What to Bring:

- Photo ID and insurance card.
- Comfortable sleepwear (two-piece pajamas preferred).
- Any medications you normally take before bed.
- Toiletries for the following morning.

A member of our scheduling team will call you shortly to confirm your appointment and answer any specific questions you may have. If you need to reschedule, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to assisting you in achieving a better night's sleep.

Sincerely,

[Your Name/Department Name]
[Sleep Center Name]
[Phone Number]