Date: [Current Date]

Patient Name: [Patient Full Name]
Patient ID: [Patient ID Number]

Appointment Confirmation: Colonoscopy

Dear [Patient Name],

This letter confirms that your colonoscopy has been scheduled. Please review the appointment details below:

- **Date:** [Date of Procedure]
- **Arrival Time:** [Arrival Time]
- **Procedure Time:** [Procedure Time]
- **Location:** [Facility Name and Address]
- **Physician:** [Doctor Name]

Important Instructions

To ensure a successful procedure, please follow these requirements:

- **Transportation:** You must have a responsible adult driver to take you home. You will not be allowed to drive or take a taxi/rideshare alone due to the sedation.
- **Pre-Procedure Prep:** Follow the enclosed bowel preparation instructions strictly. Your colon must be completely clear for the physician to perform an accurate exam.
- **Medications:** Please inform our office immediately if you take blood thinners or diabetes medications.

If you need to cancel or reschedule, please contact us at [Phone Number] at least [Number] hours in advance to avoid a cancellation fee.

Thank you for choosing [Facility Name].

Sincerely,

[Department Name]
[Facility Name]
[Phone Number]