[Date]

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

Dear [Patient Name],

This is a reminder regarding your upcoming colonoscopy scheduled for:

Date: [Appointment Date]
Arrival Time: [Arrival Time]
Location: [Facility Name/Address]

To ensure a successful procedure, it is critical that you follow the bowel preparation instructions provided to you. A clean colon is necessary for your physician to see the lining clearly.

Key Reminders:

- **Dietary Restrictions:** Stop eating solid foods starting [Number] days before your procedure. Follow a clear liquid diet as instructed.
- **The Prep:** Drink the prescribed laxative solution at the specific times indicated in your instruction packet.
- **Medications:** Follow the instructions provided regarding any blood thinners or diabetic medications.
- **Transportation:** You must have a responsible adult driver to take you home after the procedure, as you will receive sedation.

If you have any questions about the preparation or need to reschedule, please call our office at [Phone Number] at least [Number] hours in advance.

Sincerely,

[Doctor Name/Clinic Name]
[Contact Information]