

# **Radiology Appointment Confirmation**

Date: **October 15, 2023**

Patient Name: **John Doe**

Insurance Provider: **ABC Health Insurance**

Insurance Policy Number: **123456789**

Appointment Date and Time: **October 20, 2023 at 10:00 AM**

Procedure: **MRI of the Brain**

Location: **Radiology Department, City Hospital**

Provider: **Dr. Jane Smith, MD**

Contact Information: **(123) 456-7890**

Please bring your insurance card and any relevant medical records to your appointment.

Thank you,

**City Hospital Radiology Department**