

# Notification of Arrival for Gastrointestinal Test Appointment

Date: [Insert Date]

Dear [Patient's Name],

This is to inform you that your gastrointestinal test is scheduled for [Insert Date and Time]. Please arrive at least 30 minutes early for check-in and any pre-test preparations.

Location:

[Insert Clinic/Hospital Name]

[Insert Address]

If you have any questions or need to reschedule, please contact us at [Insert Contact Information]. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]