

Pulmonary Function Test Appointment Notification

Dear [Patient's Name],

We would like to inform you that your Pulmonary Function Test has been scheduled as follows:

Date: [Date]

Time: [Time]

Location: [Clinic/Hospital Name]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you.

Best regards,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]