Pulmonary Function Test Appointment Reminder

Dear [Patient's Name],

This is a reminder that your Pulmonary Function Test has been scheduled as follows:

Date: [Insert Date] Time: [Insert Time]

• Location: [Insert Location]

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 our office at [Insert Phone Number].

Thank you,

[Your Clinic/Practice Name]

[Your Contact Information]