

Vascular Assessment Appointment Reminder

Dear [Patient's Name],

This is a friendly reminder of your upcoming vascular assessment appointment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name, Address]

Please remember to bring any relevant medical documents and arrive at least 15 minutes early. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]