

Vascular Assessment Pre-Appointment Guidelines

Dear [Patient's Name],

We are looking forward to your upcoming vascular assessment appointment on [Date] at [Time]. To ensure that your visit goes smoothly, please review the following pre-appointment guidelines:

1. Medications

Please bring a list of all medications you are currently taking, including over-the-counter drugs and supplements.

2. Fasting Instructions

Fast for at least [X hours] prior to your appointment. Water is allowed.

3. Clothing

Wear comfortable, loose-fitting clothing that allows easy access to your arms and legs.

4. Medical History

Be prepared to discuss your medical history, including any previous vascular issues.

5. Contact Information

If you have any questions or need to reschedule, please contact us at [Phone Number].

Thank you for your attention to these guidelines. We look forward to assisting you with your vascular health.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]