

# Radiation Therapy Appointment Notification

Dear [Patient's Name],

We are writing to inform you that your radiation therapy is scheduled to begin on **[Start Date]**. Please mark your calendar for the following details:

- **Location:** [Treatment Center Name and Address]
- **Time:** [Appointment Time]
- **Duration:** [Estimated Duration]

It is important to arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, please contact us at [Contact Number].

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Job Title]

[Hospital/Clinic Name]

[Contact Information]