# **Radiology Services Pre-Appointment Instructions**

Dear [Patient's Name],

Thank you for scheduling an appointment with our radiology department. To ensure a smooth experience, please review the following pre-appointment instructions:

### **1. Appointment Details**

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name and Address]

### **2. Preparation Instructions**

- Please arrive at least 15 minutes early to complete any necessary paperwork.
- Wear comfortable clothing. If possible, avoid wearing jewelry or metal accessories.
- If you are having an MRI or CT scan, please inform us of any metal implants or devices in your body.
- For certain procedures, you may be required to refrain from eating or drinking. Please follow the specific guidelines provided by our staff.

# **3. Important Information**

If you have a history of allergies or any medical conditions relevant to your radiology procedure, please inform our staff upon arrival.

# 4. Contact Information

If you have any questions or need to reschedule your appointment, please contact us at:

[Radiology Department Phone Number]

[Radiology Department Email]

We look forward to assisting you during your appointment.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]