

Notice of Approval for Diagnostic Procedure

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are pleased to inform you that your request for the following diagnostic procedure has been approved:

- Procedure: [Insert Procedure Name]
- Date of Procedure: [Insert Procedure Date]
- Location: [Insert Location]

Please ensure that you arrive at least [Insert Time] prior to your scheduled appointment. If you have any questions or need to reschedule, feel free to contact our office at [Insert Contact Number].

Thank you for choosing [Insert Medical Facility Name]. We wish you a smooth and pleasant experience.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]