

Follow-Up Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your upcoming follow-up visit with Dr. [Doctor's Name] in our Cardiology department.

Appointment Details:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name and Address]

Please bring any relevant medical records and a list of medications you are currently taking. If you have any questions or need to reschedule, feel free to contact our office at [Contact Number].

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

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]