

# Radiology Appointment Confirmation

Dear [Patient Name],

We are pleased to confirm your radiology appointment as follows:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Facility Name & Address]
- **Procedure:** [Type of Radiology Procedure]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Contact Phone Number] or [Email Address].

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

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]