

# Radiology Examination Booking Confirmation

Dear [Patient's Name],

We are pleased to confirm your radiology examination appointment.

## Appointment Details

- **Examination Type:** [Type of Examination]
- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Facility Name and Address]

Please arrive at least 15 minutes before your scheduled time. Remember to bring any relevant medical records and identification.

If you have any questions or need to reschedule, please contact us at [Contact Information].

Thank you for choosing [Facility Name]. We look forward to serving you.

Sincerely,

[Your Name]  
[Your Title]  
[Facility Name]