

Radiology Screening Appointment Details

Dear [Patient's Name],

We are writing to confirm your upcoming radiology screening appointment. Below are the details of your appointment:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name]

Address: [Address]

Type of Screening: [Type of Radiology Screening]

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

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

Sincerely,
[Your Name]
[Your Title]
[Clinic/Hospital Name]