

Radiology Test Appointment Notification

Date: [Current Date]

Dear [Patient's Name],

We are writing to inform you about your scheduled radiology test. The details of your appointment are as follows:

- **Test Type:** [Type of Radiology Test]
- **Date:** [Test Date]
- **Time:** [Test Time]
- **Location:** [Facility Name and Address]

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 [Phone Number] or [Email Address].

Thank you for choosing our services.

Sincerely,
[Your Name]
[Your Title]
[Facility Name]