## **Appointment Confirmation**

Dear [Patient's Name],

We are pleased to confirm your cardio testing appointment.

## **Appointment Details:**

Date: [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Hospital Name]

**Address:** [Clinic Address]

## **Instructions:**

Please arrive 15 minutes early.

• Bring your insurance information and any relevant medical records.

• Wear comfortable clothing and shoes.

If you have any questions or need to reschedule, please call us at [Phone Number].

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

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