

# Osteoporosis Screening Appointment Details

Dear [Patient's Name],

We are writing to inform you of your upcoming osteoporosis screening appointment.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

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

**Address:** [Address of the Clinic/Hospital]

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

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]