

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for diagnostic imaging. Please find the details below:

## Appointment Details

**Date:** [Date]

**Time:** [Time]

**Location:** [Facility Name, Address]

**Type of Imaging:** [Type of imaging, e.g., MRI, CT scan]

## Preparation Instructions

[Include any specific preparation instructions here, if applicable]

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

Thank you for choosing us for your diagnostic imaging needs.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]