

Follow-Up Appointment Confirmation

Dear [Patient's Name],

We hope this message finds you well. This letter is to confirm your follow-up appointment for the review of your diagnostic imaging results.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name and Address]

Please bring any relevant documents and reports related to your previous imaging. If you have any questions or need to reschedule, feel free to contact our office at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]