

# Heart Health Assessment Scheduled Notice

Dear [Patient's Name],

We are pleased to inform you that your heart health assessment has been scheduled. Please find the details below:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location]
- **Doctor:** [Insert Doctor's Name]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact our office at [Insert Phone Number].

Thank you for prioritizing your heart health.

Sincerely,  
[Your Clinic/Practice Name]