

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm your upcoming EKG appointment. Please find the details below:

**\*\*Appointment Date:\*\*** [Date]

**\*\*Appointment Time:\*\*** [Time]

**\*\*Location:\*\*** [Clinic/Hospital Name, Address]

**\*\*Phone Number:\*\*** [Clinic/Hospital Contact Number]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at the number listed above.

Thank you for choosing [Clinic/Hospital Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]