

[Your Clinic/Facility Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about your upcoming IV therapy appointments at [Clinic/Facility Name].

**\*\*Appointment Details:\*\***

- **\*\*Date:\*\*** [Insert Date]

- **\*\*Time:\*\*** [Insert Time]

- **\*\*Location:\*\*** [Insert Address/Room Number]

Please arrive at least [X minutes] before your scheduled appointment to allow time for preparation. Bring along any necessary items such as insurance cards, identification, and a list of your current medications.

If you have any questions or need to reschedule your appointment, please do not hesitate to contact us at [phone number] or [email address].

Thank you for choosing [Clinic/Facility Name]. We look forward to serving you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Facility Name]