

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Notification of Upcoming IV Insertion Procedure

We hope this message finds you well. This letter serves to inform you that you are scheduled for an intravenous (IV) insertion procedure on [Date of Procedure] at [Time of Procedure].

The procedure will take place at [Location/Facility Name] and is expected to last approximately [Duration]. The IV insertion will help facilitate the delivery of medications or fluids as necessary for your treatment.

Please remember to:

- Arrive at least [Time] minutes early.
- Bring any necessary paperwork or identification.
- Inform us of any allergies or medical conditions you may have.

If you have any questions or concerns, please feel free to reach out to our office at [Clinic's Phone Number].

We appreciate your cooperation and look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic's Name]

[Clinic's Phone Number]

[Clinic's Address]