

[Your Clinic/Facility Name]

[Your 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. This letter serves as a reminder for your upcoming intravenous (IV) insertion appointment scheduled for [Date] at [Time]. This procedure is necessary to ensure proper medication delivery and hydration as part of your treatment plan.

Please arrive at [Location] at least [15/30 minutes] before your scheduled appointment. Make sure to bring any relevant medical information and your insurance details. If you have any questions or if you need to reschedule, do not hesitate to contact us at [Phone Number]. Thank you for your attention to this matter. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Facility Name]