

[Your Company Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: VQ Scan Appointment Confirmation

We are pleased to confirm your upcoming ventilation-perfusion (VQ) scan scheduled for [Date] at [Time]. The procedure will take place at [Facility/Location Name].

Please arrive at least [30 minutes/1 hour] prior to your appointment to complete the necessary paperwork. It is important to follow the pre-procedure instructions provided, including [any specific instructions regarding fasting, medication, etc.].

If you have any questions or need to reschedule, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]