

[Your Name]  
[Your Title]  
[Your Institution/Practice 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],

Subject: Appointment for Ventilation-Perfusion (VQ) Scan

We are writing to inform you about your upcoming Ventilation-Perfusion (VQ) scan scheduled on [Date] at [Time]. The procedure will take place at [Facility Name], located at [Facility Address].

Please arrive at least [15/30/etc.] minutes before your scheduled appointment to allow for registration and any necessary preparation.

To prepare for the scan, please follow these guidelines:

1. [Instruction 1, e.g., "Do not eat or drink anything for 4 hours before the test."]
2. [Instruction 2, e.g., "Continue taking your medications unless otherwise directed."]
3. [Instruction 3, e.g., "Wear comfortable clothing."]

During the procedure, a technician will perform the scan to evaluate the blood flow and ventilation in your lungs. The results will be discussed with you by your physician during your follow-up appointment on [Date of Follow-up].

If you have any questions or need to reschedule your appointment, please don't hesitate to contact our office at [Office Phone Number].

Thank you for your attention to this matter. We look forward to seeing you soon.

Sincerely,

[Your Name]  
[Your Title]  
[Your Institution/Practice Name]