

[Your Hospital/Clinic 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],

Re: Approval for VQ Scan

We are pleased to inform you that your request for a Ventilation-Perfusion (VQ) Scan has been approved. This diagnostic test is essential for assessing your lung function and is an important step in your ongoing care.

Details of your appointment are as follows:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Facility Name & Address]

Please arrive 15 minutes early to allow time for check-in. If you have any questions or need to reschedule, do not hesitate to contact us at [Contact Number].

Thank you for your attention to this important step in your health care.

Sincerely,

[Your Name]

[Your Title]

[Your Hospital/Clinic Name]