

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Organization's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: VQ Scan Appointment Confirmation

I hope this letter finds you well. I am writing to confirm my appointment for the VQ scan scheduled on [Date] at [Time].

Please find below the required details for the scan:

- Patient Name: [Your Name]
- Date of Birth: [Your Date of Birth]
- Medical Record Number: [Your Medical Record Number] (if applicable)

I understand that I should arrive [Specify Time] before the appointment and follow any necessary pre-scan instructions. If there are any changes or additional information required, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]