

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

Dear [Patient's Name],

We are writing to confirm your upcoming VQ scan appointment.

****Appointment Details:****

- ****Date:**** [Appointment Date]
- ****Time:**** [Appointment Time]
- ****Location:**** [Clinic/Hospital Name and Address]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Clinic Phone Number].

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

Sincerely,

[Your Name]
[Your Job Title]
[Clinic/Hospital Name]
[Contact Information]