

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

[Recipient's Name]
[Recipient's Title]
[Medical Facility/Institution Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: VQ Scan Appointment Confirmation

I am writing to confirm my upcoming Ventilation-Perfusion (VQ) scan scheduled for [date] at [time]. The scan will be conducted at [facility name] located at [facility address].

Please let me know if there are any specific preparations I need to follow before the scan or if I should bring any documents with me. Additionally, I would appreciate any information regarding the expected duration of the procedure.

Thank you for your assistance. I look forward to the appointment.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Date of Birth or Medical Record Number, if applicable]