

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Subject: Appointment Details for Maternal-Fetal Medicine (MFM) Clinic

Dear [Patient Name],

We are pleased to confirm your upcoming appointment with the Maternal-Fetal Medicine department. This clinic specializes in providing extra care and monitoring for you and your baby during your pregnancy.

Appointment Details:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Provider:** [Physician/Specialist Name]
- **Location:** [Clinic Name, Floor, and Suite Number]

What to Bring:

- Photo ID and Insurance Card.
- A list of current medications and supplements.
- Records from your primary OB/GYN (if not already sent).
- Your partner or a support person (optional).

Important Instructions:

[Insert instructions, e.g., "Please arrive 15 minutes early to complete paperwork" or "Please drink 24oz of water one hour prior to your ultrasound"].

If you need to reschedule or have any questions, please call our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Staff Name/Department Name]

[Clinic Name]