

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We have scheduled your initial Rheumatology Autoimmune Diagnostic Consultation for:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Address/Suite Number]

The goal of this consultation is to evaluate your symptoms and determine if an underlying autoimmune or inflammatory condition is present. This process often involves a detailed review of your medical history, a physical exam, and specific diagnostic testing.

To prepare for your visit, please bring the following:

- A completed New Patient Intake Form (enclosed).
- A list of all current medications and dosages.
- Copies of recent blood work or imaging reports (X-rays, MRIs, Ultrasounds) related to your symptoms.
- Your insurance card and a photo ID.

Please arrive [15/30] minutes prior to your scheduled time to complete the registration process. If you need to reschedule, please provide at least [24/48] hours' notice.

We look forward to meeting you and assisting with your diagnostic care.

Sincerely,

[Physician Name/Staff Name]

[Practice Name]

[Phone Number]