

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We have scheduled your reconstructive consultation for [Date] at [Time]. We look forward to meeting you and discussing your goals.

Your appointment will take place at:

[Office Address]

[Suite/Building Number]

Please bring the following items to your appointment:

- A valid photo ID and your insurance card.
- Your completed patient intake forms (attached).
- A list of current medications and previous surgeries.
- Any relevant medical records or imaging (X-rays, CT scans, or MRIs).

During this consultation, [Doctor's Name] will review your medical history, perform a physical examination, and discuss the various surgical or non-surgical options available for your reconstruction. We encourage you to bring a list of questions so we can ensure you feel fully informed about your care plan.

If you need to reschedule or cancel, please provide at least [Number] hours' notice by calling us at [Phone Number].

Thank you for choosing [Practice Name] for your care.

Sincerely,

[Doctor's Name/Office Manager Name]

[Practice Name]

[Phone Number]

[Website]