[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Reminder of Your Upcoming Medical Appointment

Dear [Patient Name],

This is a reminder regarding your upcoming consultation at [Clinic/Hospital Name].

Appointment Details:
Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Doctor/Provider Name]
Location: [Clinic Address/Suite Number]

Please arrive 15 minutes before your scheduled time to complete any necessary paperwork. Remember to bring your insurance card, a valid ID, and a list of your current medications.

If you need to reschedule or cancel your appointment, please contact us at [Phone Number] at least 24 hours in advance to avoid any cancellation fees.

We look forward to seeing you.

Sincerely,

[Clinic Name]
[Phone Number]
[Website]