

[Practice Name]
[Practice Address]
[Phone Number]
[Email Address]

[Date]

[Patient Name]
[Patient Address]

Subject: Reminder - Your Initial Consultation Appointment

Dear [Patient Name],

This is a reminder regarding your upcoming initial consultation at [Practice Name]. We look forward to meeting you and assisting with your healthcare needs.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Provider Name]
- **Location:** [Office Room or Suite Number]

Important Information:

- Please arrive 15 minutes early to complete any necessary registration forms.
- Bring your valid photo ID and current insurance card.
- Bring a list of any medications or supplements you are currently taking.
- If you have recent medical records or test results, please bring copies with you.

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

Thank you for choosing [Practice Name].

Sincerely,

[Staff Name/Office Manager]
[Practice Name]