

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

**Subject: FINAL REMINDER: Your Initial Consultation Appointment**

Dear [Patient Name],

This is a final reminder regarding your upcoming new patient initial consultation scheduled for:

**Date:** [Appointment Date]  
**Time:** [Appointment Time]  
**Location:** [Clinic Name/Address]

As this is your first visit, please arrive 15 minutes early to complete any remaining registration paperwork. Remember to bring your photo ID, insurance card, and any relevant medical records or current medications.

**Important Policy Notice:**

If you need to cancel or reschedule, please contact us at [Phone Number] at least [Number of Hours] hours in advance. Failure to attend this appointment without prior notice may result in a "No-Show" fee or difficulty rescheduling future appointments.

We look forward to meeting you and assisting with your healthcare needs.

Sincerely,

[Doctor/Provider Name]  
[Clinic Name]  
[Phone Number]  
[Website]