

Dear [Patient Name],

This is a reminder of your upcoming initial telehealth consultation with [Provider Name/Clinic Name].

Appointment Details:

- **Date:** [Date]
- **Time:** [Time] [Time Zone]
- **Platform:** [Platform Name, e.g., Zoom/Doxy.me]
- **Access Link:** [\[Click Here to Join\]](#)

Instructions for your visit:

- Please click the link 5-10 minutes before your scheduled time to test your camera and microphone.
- Ensure you are in a quiet, private space with a stable internet connection.
- Have a valid photo ID and your current insurance card ready to show the provider.
- Have a list of your current medications and any questions you wish to discuss.

Forms:

Please ensure all digital intake forms are completed at least 24 hours before your appointment. You can access them here: [\[Link to Portal\]](#).

Cancellation Policy:

If you need to reschedule or cancel, please contact us at [\[Phone Number\]](#) at least [\[24/48\]](#) hours in advance to avoid a cancellation fee.

We look forward to meeting with you.

Sincerely,

[Clinic Name]
[Phone Number]
[Website Address]