

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Initial Consultation with [Specialist Name]

Dear [Patient Name],

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

**Appointment Details:**

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Full Clinic Address/Suite Number]
- Provider: [Specialist Name]

**Please remember to bring the following to your appointment:**

- Photo ID and Insurance Card
- List of current medications and dosages
- Referral forms (if required by insurance)
- Relevant medical records or imaging (CDs/Reports)
- Completed new patient forms (enclosed or available online)

Please arrive [15/30] minutes before your scheduled time to complete the registration process. If you need to cancel or reschedule, please contact us at least [24/48] hours in advance at [Phone Number] to avoid any cancellation fees.

If you have any questions, please visit our website at [Website URL] or call our office.

Sincerely,

[Clinic Name]

[Phone Number]

[Email Address]