

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]! We are pleased that you have chosen us for your healthcare needs. This letter is to confirm your upcoming initial consultation appointment.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Provider Name]
- **Location:** [Full Office Address]

To prepare for your visit, please remember to bring:

- A valid photo ID and your current insurance card.
- A list of all current medications, including dosages.
- Any relevant medical records or recent test results.
- Completed new patient forms (attached/available on our website).

Please arrive [15] minutes before your scheduled appointment time to complete the registration process. If you need to reschedule or cancel, please provide at least [24/48] hours' notice by calling us at [Phone Number].

We look forward to meeting you and providing you with high-quality care.

Sincerely,

[Your Name/Practice Manager Name]

[Practice Name]

[Phone Number]

[Website URL]