

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Your Initial Consultation with [Practice/Doctor Name]

Dear [Patient Name],

This is a reminder regarding your upcoming new patient initial consultation. We look forward to meeting you and discussing your healthcare needs.

**Appointment Details:**

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

**To prepare for your visit, please remember to:**

- Arrive [15] minutes early to complete any remaining registration forms.
- Bring a valid photo ID and your current insurance card.
- Bring a list of any medications or supplements you are currently taking.
- Bring any relevant medical records or recent test results.

If you need to reschedule or cancel your appointment, please contact us at [Phone Number] at least [24/48] hours in advance to avoid any cancellation fees.

Thank you for choosing [Practice Name].

Sincerely,

[Staff Name/Office Manager]

[Practice Name]

[Phone Number]

[Website]