

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

To: [Patient Name]
Address: [Patient Address]

Appointment Reminder and Document Checklist

Dear [Patient Name],

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

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Doctor/Provider Name]

To ensure your visit is efficient, please bring the following documents with you:

- Government-issued Photo ID (Driver's License or Passport)
- Current Health Insurance Card
- Referral form (if required by your insurance)
- Completed New Patient Intake Forms
- List of current medications and dosages
- Copies of recent medical records or test results (X-rays, MRIs, Lab reports)

Important Instructions:

- Please arrive 15 minutes before your scheduled time to complete the registration process.
- If you need to reschedule, please contact us at least 24 hours in advance.
- Be prepared to pay your co-pay or deductible at the time of service.

We look forward to seeing you.

Sincerely,

[Name of Staff/Department]
[Clinic Name]