

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Your Rescheduled New Patient Initial Consultation

Dear [Patient Name],

This is a reminder regarding your rescheduled initial consultation with [Clinic/Doctor Name]. We look forward to meeting you and discussing your healthcare needs.

Appointment Details:

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

As this is your first visit, please arrive [Number] minutes early to complete any remaining registration forms. Remember to bring your photo ID, insurance card, and a list of any current medications.

If you need to change this appointment again, please contact us at [Phone Number] at least [Number] hours in advance.

Thank you for choosing [Clinic Name].

Sincerely,

[Staff Name/Department]

[Clinic Name]

[Phone Number]