

[Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

Subject: Appointment Confirmation and New Patient Registration

Dear [Patient Name],

We are pleased to welcome you to [Practice Name]. This letter serves as a reminder for your upcoming appointment:

**Date:** [Appointment Date]  
**Time:** [Appointment Time]  
**Provider:** [Provider Name]

To ensure a smooth check-in process, we have enclosed the following new patient registration forms:

- Patient Information Form
- Medical History Questionnaire
- HIPAA Privacy Policy Acknowledgement
- Insurance and Billing Policy

Please complete these forms and bring them with you to your appointment. In addition to the paperwork, please remember to bring:

- Your current photo ID (Driver's license or Passport)
- Your current health insurance card
- A list of all current medications and dosages

We ask that you arrive [Number] minutes prior to your scheduled appointment time to complete the registration process. If you need to cancel or reschedule, please contact us at least 24 hours in advance to avoid any cancellation fees.

We look forward to seeing you soon.

Sincerely,

[Staff Name/Department]  
[Practice Name]