

Date: [Insert Date]

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Subject: Specialist Consultation Documentation & Appointment Reminder

Dear [Insert Patient Name],

This letter serves as formal documentation regarding your upcoming specialist consultation. Please find the details of your scheduled appointment below:

- **Specialist Name:** [Insert Specialist Name]
- **Department/Specialty:** [Insert Specialty, e.g., Cardiology]
- **Appointment Date:** [Insert Date]
- **Appointment Time:** [Insert Time]
- **Location:** [Insert Clinic/Hospital Address and Room Number]

Pre-Consultation Instructions:

To ensure a productive consultation, please complete the following tasks prior to your arrival:

- Bring a valid photo ID and your current insurance card.
- Bring a list of all current medications, including dosages.
- Bring copies of any recent lab results or imaging (X-rays, MRIs) related to this visit.
- Arrive [Insert Number] minutes early to complete necessary check-in paperwork.

Documentation Purpose:

The purpose of this consultation is to [Insert Reason for Referral/Consultation]. Following the visit, a summary report will be sent to your primary care physician to ensure continuity of care.

Cancellation Policy:

If you need to reschedule or cancel your appointment, please contact our office at [Insert Phone Number] at least [Insert Number] hours in advance to avoid any cancellation fees.

We look forward to seeing you.

Sincerely,

[Insert Provider/Staff Name]

[Insert Facility Name]

[Insert Contact Information]