

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

Patient Name: [Patient Name]  
Appointment Date: [Date of Appointment]  
Appointment Time: [Time]

# Maternity Care Appointment Reminder

Dear [Patient Name],

Congratulations on your pregnancy. We are pleased to confirm your upcoming prenatal intake appointment with [Provider Name].

## Appointment Details:

- **Location:** [Office Suite/Building Name]
- **Arrival Time:** Please arrive 15 minutes early to complete check-in.

## Required Intake Paperwork:

Please complete the enclosed forms and bring them to your appointment. These forms include:

- Medical and Pregnancy History
- Family Health History
- Current Medications and Supplements List
- Insurance Verification and Consent Forms

## What to Bring:

- Photo ID and Insurance Card
- Records from any previous prenatal care (if applicable)
- A list of questions for your provider

If you need to reschedule or have questions, please call us at [Phone Number] at least 24 hours in advance.

We look forward to supporting you throughout your pregnancy journey.

Sincerely,

[Provider/Clinic Signature]  
[Clinic Name]