

[Date]

Dear [Patient Name],

Welcome to [Clinic Name] Virtual Care

Thank you for choosing [Clinic Name] for your healthcare needs. We are pleased to welcome you to our telehealth platform. Our goal is to provide you with high-quality medical care from the comfort and safety of your home.

Your First Appointment

Date: [Appointment Date]

Time: [Appointment Time]

Provider: [Provider Name]

How to Join Your Visit

To access your virtual appointment, please follow these steps:

- Click this secure link 5 minutes before your scheduled time: [Insert Link]
- Ensure you are in a private, quiet space with a stable internet connection.
- Use a device with a working camera and microphone (smartphone, tablet, or computer).

Patient Portal & Forms

Please complete the following tasks at least 24 hours before your visit:

- Register for our Patient Portal: [Link to Portal]
- Sign the Digital Consent for Telehealth Services.
- Upload a photo of your ID and Insurance Card.
- Update your current medication list and allergies.

Important Reminders

If you need to cancel or reschedule, please contact us at [Phone Number] at least 24 hours in advance to avoid a cancellation fee.

We look forward to meeting you virtually.

Sincerely,

The Team at [Clinic Name]

[Phone Number]

[Website URL]

[Email Address]