

Subject: Welcome to [Name of Medical Practice] - Virtual Patient Registration

Dear [Patient Name],

Welcome to [Name of Medical Practice]. We are pleased to provide you with virtual medical care services. To begin your care, please complete your registration process by following the steps below:

1. Complete Registration Forms

Please click the link below to fill out your personal information, medical history, and consent forms:

[Insert Link to Portal/Form]

2. Verify Insurance and ID

Please upload a clear photo of your government-issued ID and your insurance card (front and back) via our secure portal.

3. Technical Requirements

Our virtual visits are conducted via [Name of Platform, e.g., Zoom/Doxy.me]. Ensure you have a device with a working camera, microphone, and a stable internet connection.

4. Schedule Your First Appointment

Once your forms are submitted, you may book your initial consultation here: [Insert Scheduling Link] or call us at [Phone Number].

If you have any questions or experience technical difficulties, please contact our support team at [Email Address] or [Phone Number].

We look forward to caring for you virtually.

Sincerely,

[Name of Practice/Provider]

[Contact Information]

[Website URL]