[Date]

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

Dear [Patient Name],

We are pleased to welcome you to [Clinic/Practice Name]. Your new patient consultation is scheduled for:

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

To ensure you get the most out of your visit, please prepare the following items:

- **Identification:** Please bring a valid photo ID and your current insurance card.
- **Medical Records:** If available, please bring copies of recent lab results, imaging reports, or records from your previous provider.
- **Medication List:** Bring a complete list of all current medications, including dosages, vitamins, and supplements.
- **New Patient Forms:** Please complete the enclosed forms and bring them with you, or arrive 15 minutes early to complete them in the office.
- **Questions:** We encourage you to write down any specific symptoms or questions you wish to discuss with the doctor.

Location and Parking:
Our office is located at [Office Address]. Parking is available at [Parking Instructions].

If you need to reschedule or cancel your appointment, please notify us at least [Number] hours in advance by calling [Phone Number].

We look forward to meeting you and assisting with your healthcare needs.

Sincerely,

[Your Name/Practice Name]
[Phone Number]
[Website]