

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen us for your women's healthcare and gynecological needs. Our team is dedicated to providing compassionate, comprehensive, and personalized care in a comfortable environment.

Your first appointment is scheduled for:

**Date:** [Date of Appointment]

**Time:** [Time]

**Provider:** [Provider Name]

To ensure your first visit goes smoothly, please bring the following items with you:

- A valid government-issued photo ID
- Your current health insurance card
- A list of all current medications, including dosages and supplements
- Any relevant medical records or recent test results from previous providers
- Completed new patient forms (enclosed or available on our website)

Please arrive [15] minutes before your scheduled time to complete the registration process. If you need to reschedule or cancel your appointment, please provide us with at least [24/48] hours' notice.

Our office is located at [Practice Address]. If you have any questions regarding your visit, insurance coverage, or specific health concerns, please call us at [Phone Number].

We look forward to meeting you and supporting your health and wellness journey.

Sincerely,

[Provider or Practice Manager Name]

[Practice Name]

[Website URL]