

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our practice for your gynecological healthcare needs. Our mission is to provide comprehensive, compassionate, and personalized care to women at every stage of life.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Doctor/Provider Name]

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

- Your completed patient registration forms (enclosed or available on our website).
- Your current insurance card and a valid photo ID.
- A list of current medications, including dosages and supplements.
- Any relevant medical records or recent test results from your previous provider.

We ask that you arrive 15 minutes prior to your scheduled appointment time to complete the check-in process. If you need to reschedule or cancel, please provide at least 24 hours' notice to avoid any cancellation fees.

Our office is located at:

[Clinic Address]

[Parking Instructions, if applicable]

If you have any questions before your visit, please feel free to call our office at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and participating in your healthcare journey.

Sincerely,

The Team at [Clinic Name]

[Phone Number]

[Email Address]