

[Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen our boutique practice for your gynecological care. Our mission is to provide personalized, high-quality healthcare in a comfortable and private environment.

Your first appointment is scheduled for:

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

To ensure your first visit is seamless, please complete the following steps:

- Complete the enclosed/attached patient registration forms.
- Bring your current insurance card and a valid photo ID.
- Bring a list of any medications or supplements you are currently taking.
- Arrive 15 minutes prior to your scheduled time.

As a boutique practice, we pride ourselves on spending dedicated time with each patient. If you need to cancel or reschedule, please provide us with at least [24/48] hours' notice so that we may offer that time to another patient.

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

Sincerely,

[Provider Name/Practice Manager]  
[Practice Name]