

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen us for your maternal and gynecological healthcare needs. Our team is dedicated to providing you with personalized and comprehensive care in a comfortable environment.

Your first appointment is scheduled for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Provider Name]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring the following items to your visit:

- Photo ID
- Current insurance card
- A list of current medications and dosages
- Previous medical or pregnancy records (if applicable)

If you are visiting us for prenatal care, we look forward to supporting you through every stage of your pregnancy. For gynecological visits, we offer a full range of preventative screenings, diagnostic services, and wellness exams.

If you need to reschedule or cancel, please provide at least 24 hours' notice. You can reach our office at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you.

Sincerely,

[Provider or Practice Manager Name]

[Practice Name]