

Modern Gynecology Associates

[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Website]

[Date]

Dear [Patient Name],

Welcome to Modern Gynecology Associates. We are pleased that you have chosen our practice for your gynecological healthcare needs. Our team is dedicated to providing you with personalized, comprehensive, and compassionate care.

Your first appointment is scheduled for:

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

To ensure your first visit goes smoothly, please note the following:

- **Arrival:** Please arrive 15 minutes early to complete any necessary registration forms.
- **Documentation:** Bring a valid photo ID and your current insurance card.
- **Medical History:** Please bring a list of any medications you are currently taking and records of previous screenings or surgeries.
- **Patient Portal:** You can complete your new patient intake forms online prior to your visit via our secure portal at [Portal Link].

If you need to reschedule or cancel your appointment, please provide us with at least 24 hours' notice to avoid a cancellation fee.

We look forward to meeting you and partnering with you in your health journey. If you have any questions before your visit, please call our office at [Phone Number].

Sincerely,

The Staff at Modern Gynecology Associates