

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

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen us to manage your cardiovascular health. Our team is committed to providing you with the highest quality cardiac care and personalized attention.

Your first appointment is scheduled for:

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

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

- Completed new patient forms (enclosed or available online).
- Your current insurance card(s) and a photo ID.
- A list of all current medications, including dosages and frequencies.
- Copies of any recent heart-related test results (EKG, Stress Test, Echo) or relevant medical records.
- A list of questions or concerns you would like to discuss with your cardiologist.

Please arrive [15/30] minutes before your scheduled appointment time to complete the registration process. If you need to reschedule or cancel, please provide at least 24 hours' notice to avoid any cancellation fees.

We look forward to meeting you and partnering with you to maintain your heart health.

Sincerely,

[Doctor Name/Practice Manager Name]  
[Practice Name]