

Date: [Date]

To the Family of: [Patient Name]

Welcome to the Pediatric Cardiology Institute

Dear [Parent/Guardian Name],

Welcome to the Pediatric Cardiology Institute. We are honored that you have chosen us to care for your child's heart health. Our team of specialists is dedicated to providing compassionate, world-class cardiac care tailored specifically for infants, children, and adolescents.

Your first appointment is scheduled for:

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

To help us provide the best care during your visit, please bring the following items:

- Your child's insurance card and a valid photo ID.
- A list of current medications and dosages.
- Previous medical records, X-rays, or test results related to your child's heart.
- Completed new patient forms (attached to this letter).

Please arrive 15 minutes early to complete the registration process. If you need to reschedule or have any questions regarding your visit, please call our office at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and your family.

Sincerely,

[Staff/Doctor Name]

[Title]

Pediatric Cardiology Institute

Location: [Office Address]

Phone: [Phone Number]

Email: [Email Address]