

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Email/Website]

[Date]

Dear [Patient Name],

Welcome to the [Clinic Name] Preventive Cardiology program. We are pleased that you have chosen us to partner with you in managing your cardiovascular health and reducing your risk of heart disease.

Your initial appointment is scheduled for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Physician/Provider Name]

During your first visit, we will conduct a comprehensive evaluation of your medical history, lifestyle factors, and clinical data to develop a personalized heart health plan. Please arrive 15 minutes early to complete any necessary registration forms.

Please bring the following to your appointment:

- A current list of all medications and supplements.
- Recent lab results or cardiac test reports (if performed outside our network).
- Your insurance card and a valid photo ID.
- Completed new patient intake forms (attached).

Our clinic is located at [Specific Directions/Suite Number]. If you need to reschedule or cancel, please provide at least 24 hours' notice by calling [Phone Number].

We look forward to meeting you and helping you achieve your long-term health goals.

Sincerely,

[Sender Name/Signature]

[Title]

[Clinic Name]