

# Patient Welcome Letter

## Department of Advanced Electrophysiology

Dear [Patient Name],

Welcome to our practice. We are pleased that you have chosen our team for your cardiac rhythm care. Our goal is to provide the most advanced treatments for heart rhythm disorders in a supportive and professional environment.

### Your Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Physician:** [Doctor Name]
- **Location:** [Clinic Address/Suite]

### What to Bring to Your First Visit:

- Photo ID and current insurance cards.
- A complete list of your current medications and dosages.
- Copies of recent EKGs, stress tests, or cardiac imaging (CDs or reports).
- Details regarding any existing pacemaker or ICD (manufacturer card).

### What to Expect:

During your initial consultation, we will review your medical history and diagnostic tests. We may perform an EKG or schedule specialized mapping or monitoring. Our team will discuss your diagnosis and create a personalized treatment plan, which may include medical management or advanced procedures such as catheter ablation or device implantation.

If you need to reschedule or have questions before your visit, please contact our office at [Phone Number].

We look forward to meeting you and helping you manage your heart health.

Sincerely,

[Doctor Name/Practice Name]  
[Contact Information]