

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to the [Clinic Name] Geriatric Cardiovascular Clinic. We are pleased that you have chosen us to partner with you in managing your heart health. Our team specializes in providing comprehensive cardiac care specifically tailored for seniors.

Your first appointment is scheduled for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Provider Name]

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

- A complete list of your current medications (including dosages and supplements).
- Your insurance cards and a photo ID.
- Any recent medical records or test results related to your heart.
- A list of questions or concerns you wish to discuss.

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, please call us at [Phone Number] at least 24 hours in advance.

We look forward to meeting you and helping you maintain a healthy heart.

Sincerely,

[Provider Name or Clinic Manager]

[Clinic Name]

[Clinic Phone Number]

[Clinic Address]