

[Date]

To the family of [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our pediatric endocrinology team to care for your child. Our goal is to provide specialized, compassionate care for children and adolescents with endocrine disorders and diabetes.

### **Your First Appointment**

Date: [Appointment Date]

Time: [Appointment Time]

Provider: [Doctor/Provider Name]

### **What to Bring**

- Completed new patient forms.
- Your insurance card and a photo ID.
- All current medications and supplements in their original bottles.
- Glucose meters, pump downloads, or growth charts if applicable.
- Copies of recent blood work or imaging results.

### **Clinic Policies**

Please arrive 15 minutes early to complete the registration process. If you need to cancel or reschedule, we kindly ask for [Number] hours' notice.

We look forward to meeting you and your child. If you have any questions before your visit, please call our office at [Phone Number].

Sincerely,

[Staff Name/Clinic Manager]

[Clinic Name]

[Clinic Address]

[Website]