

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased to inform you that we have received a referral for your care from [Referring Physician's Name].

Our team specializes in [Specialty Service], and we look forward to assisting you with your healthcare needs. We have scheduled an initial consultation for you on the following date:

**Appointment Date:** [Date]

**Appointment Time:** [Time]

**Location:** [Office Address/Suite Number]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring the following items to your appointment:

- A valid photo ID
- Your current health insurance card
- A list of current medications
- Any recent X-rays, lab results, or medical records related to your referral

If you need to reschedule or have any questions regarding your visit, please contact our office at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and providing you with high-quality care.

Sincerely,

[Doctor Name/Staff Name]

[Practice Name]

[Phone Number]