

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Welcome to [Clinic Name] - Transfer of Care

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our practice for your endocrinology and metabolic health needs. We have received your medical records from [Previous Provider/Clinic Name] and are ready to assist with your transition.

Your first appointment is scheduled for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Physician/Provider Name]

To ensure a smooth first visit, please bring the following items with you:

- Your current insurance card and a photo ID.
- A list of all current medications and dosages.
- Your most recent blood glucose log or insulin pump/CGM device (if applicable).
- A list of any specific concerns or questions for your provider.

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

We look forward to meeting you and partnering with you in your healthcare journey.

Sincerely,

[Signature/Name]

[Title]

[Clinic Name]

[Phone Number]

[Website]