[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Welcome to [Clinic Name]

Dear [Patient Name],

We are pleased to welcome you to [Clinic Name]. We appreciate the trust you have placed in us for your gastrointestinal care. Our team of specialists is dedicated to providing you with high-quality medical services in a comfortable environment.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Doctor/Provider Name]

To ensure your visit goes smoothly, please bring the following items with you:

- Photo ID and current insurance card(s).
- A list of all current medications, including dosages.
- Relevant medical records or recent test results (X-rays, CT scans, or blood work).
- The completed new patient forms (enclosed/available online).

Important Note: Please arrive 15 minutes prior to your scheduled time to complete the registration process. If you need to cancel or reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.

Our office is located at:
[Clinic Address]
[City, State, Zip Code]

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

Sincerely,

[Staff Name/Office Manager]
[Clinic Name]