[Date]

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

Dear [Patient Name],

Welcome to the [Name of Digestive Health Center]. We are pleased that you have chosen us for your gastroenterology and digestive health needs. Our team of specialists is dedicated to providing you with high-quality care and a personalized treatment plan.

Your first appointment is scheduled for:

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

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

- Your photo ID and current insurance card.
- A list of all current medications and dosages.
- Any recent lab results or imaging reports related to your condition.

If you need to reschedule or cancel your appointment, please provide us with at least [24/48] hours' notice by calling [Phone Number].

We look forward to meeting you and assisting you with your digestive health.

Sincerely,

[Your Name/Office Manager]
[Name of Digestive Health Center]
[Phone Number]
[Website]