[Date]

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

Welcome to [Practice Name]

Dear [Patient Name],

Thank you for choosing [Practice Name] for your digestive health care. We are committed to providing you with comprehensive gastroenterology services and a personalized treatment plan.

Your First Appointment

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Physician/Provider Name]
Location: [Full Office Address]

What to Bring

- Photo ID and current insurance card.
- A list of all current medications, including dosages.
- Relevant medical records or recent imaging results (CT scans, X-rays).
- Completed new patient forms (enclosed or available on our portal).

Patient Portal and Onboarding

We invite you to register for our Patient Portal at [URL]. Through this secure site, you can:

- Complete your medical history and intake forms.
- View lab and pathology results.
- Send secure messages to your care team.
- Request prescription refills.

Office Policies

Cancellations: Please provide at least 24 hours' notice if you need to reschedule to avoid a cancellation fee.

Procedures: If your visit is for a procedure (such as a Colonoscopy or Endoscopy), please ensure you have read the specific preparation instructions provided separately.

Payments: Co-pays and outstanding balances are due at the time of service.

If you have any questions prior to your visit, please contact us at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Provider/Manager Name]
[Practice Name]