[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]! We are pleased that you have chosen us to partner with you on your journey toward better digestive health and wellness.

Our goal is to provide comprehensive care tailored to your unique needs. Whether you are seeking treatment for a specific condition or looking to improve your overall gut health, our team is dedicated to supporting you every step of the way.

Your First Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Provider Name]
- **Location:** [Office Address/Suite Number]

What to Bring to Your Visit:

- Completed new patient forms (attached or available online)
- A list of current medications and supplements
- Copies of recent lab results or imaging (if applicable)
- Your insurance card and a valid photo ID

Please arrive 15 minutes early to finalize your registration. If you need to reschedule, we kindly ask for [Number] hours' notice.

We look forward to meeting you and helping you achieve your wellness goals. If you have any questions before your visit, please call us at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Your Name/Practice Manager Name]
[Practice Name]
[Phone Number]