[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our gastroenterology practice for your digestive health care. Our team of specialists is committed to providing you with high-quality medical treatment and personalized care.

Your First Appointment

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Doctor Name]

What to Bring

- Current photo ID and insurance cards
- A list of all current medications and dosages
- Relevant medical records or recent imaging results (X-rays, CT scans)
- Completed new patient forms (attached/enclosed)

Arrival Instructions

Please arrive [15/30] 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 Services

Our clinic specializes in the diagnosis and treatment of disorders of the esophagus, stomach, intestines, liver, and gallbladder. This includes screenings such as colonoscopies and endoscopies.

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

We look forward to meeting you and helping you manage your health.

Sincerely,

[Clinic Name] Staff
[Clinic Address]
[Phone Number]