Subject: Welcome to Advanced Digestive Health

Dear [Patient Name],

Welcome to Advanced Digestive Health. We are pleased that you have chosen our practice for your gastroenterology care. Our team is committed to providing you with the highest standard of digestive health services in a comfortable and professional environment.

Your first appointment is scheduled for:

Date: [Date]
Time: [Time]
Provider: [Provider Name]
Location: [Office Address]

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

- Your current insurance card and a valid photo ID.
- A list of all current medications, including dosages.
- Relevant medical records or recent test results related to your digestive health.
- Completed new patient registration forms (enclosed/attached).

Please arrive 15 minutes prior to your scheduled time to complete the check-in process. If you need to reschedule or cancel your appointment, please provide us with at least 24 hours' notice to avoid a cancellation fee.

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 assisting you with your digestive healthcare needs.

Sincerely,

The Team at Advanced Digestive Health