[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen our clinic for your digestive health needs. This letter contains important information regarding your upcoming first appointment.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Physician Name]
- **Location:** [Clinic Address/Suite Number]

What to Bring:

- Your photo ID and current insurance card.
- A list of all current medications and dosages.
- Any recent lab results, imaging reports (CT scans, ultrasounds), or records from your primary doctor related to your condition.
- Completed new patient forms (enclosed or available on our website).

Arrival Instructions:

Please arrive [15/30] minutes before your scheduled appointment time to complete the registration process. If you need to cancel or reschedule, please contact us at [Phone Number] at least 24 hours in advance to avoid a cancellation fee.

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

Sincerely,

[Staff Name/Office Manager]
[Practice Name]
[Phone Number]
[Website]