[Date]

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

Welcome to [Clinic Name] Digestive Care

Dear [Patient Name],

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

Your First Appointment

Date: [Appointment Date]
Arrival Time: [Time]
Provider: [Doctor/Specialist Name]

What to Bring

- Your photo ID and insurance card.
- A list of all current medications and dosages.
- Relevant medical records or recent test results.
- Completed new patient forms (enclosed/available online).

Clinic Orientation

Location: We are located at [Clinic Address]. Parking is available at [Parking Instructions].

Check-in: Please check in at the front desk upon arrival. If this is your first visit, please arrive 15 minutes early to finalize your registration.

Cancellations: If you need to reschedule, please notify us at least 24 hours in advance to avoid a cancellation fee.

Contact Information

If you have any questions before your visit, please contact us:

- Phone: [Phone Number]
- Email: [Email Address]

- Patient Portal: [URL]

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

Sincerely,

The Staff at [Clinic Name]