[Practice Name]
[Practice Address]
[Phone Number]
[Date]

Dear [Parent/Guardian Name],

Welcome to [Practice Name]. We are pleased that you have chosen our pediatric gastroenterology team to care for [Patient Name]. Our goal is to provide specialized and compassionate care for your child's digestive, liver, and nutritional health.

Your First Appointment:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Doctor Name]

What to Bring:

- Completed new patient forms (enclosed/available online).
- Insurance card and a photo ID.
- Referral from your primary care pediatrician (if required by insurance).
- Relevant medical records, lab results, or imaging (X-rays/CT scans) on a disc.
- A list of current medications and dosages.

Arrival Instructions:
Please arrive [15] minutes before your scheduled appointment time to complete the registration process. If you need to cancel or reschedule, please notify us at least 24 hours in advance.

We look forward to meeting you and your child. If you have any questions before your visit, please call our office at [Phone Number].

Sincerely,

The Team at [Practice Name]
[Website Address]