[Date]

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

# Welcome to [Clinic/Practice Name]

Dear [Patient Name],

We are pleased to welcome you to [Clinic/Practice Name]. Your gastroenterology consultation is scheduled for:

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

## Preparing for Your Visit

To ensure your consultation is productive, please complete the following steps before your arrival:

- **Forms:** Please complete the enclosed patient history and registration forms.
- **Records:** Bring copies of recent blood work, imaging reports (CT scans, ultrasounds), or previous endoscopy/colonoscopy reports.
- **Medications:** Bring a current list of all medications, including dosages and supplements.
- **Identification:** Bring your photo ID and current insurance card.

## Important Information

**Arrival Time:** Please arrive 15 minutes prior to your scheduled time to complete the check-in process.
**Cancellations:** If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.
**Copayments:** All insurance copayments are due at the time of service.

Your digestive health is our priority. If you have any questions regarding your symptoms or the appointment process, please contact our office at [Phone Number].

Sincerely,

[Staff Name/Department]
[Clinic Name]
[Website URL]