[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email/Website]

[Date]

Dear [Patient Name],

Welcome to **[Practice Name]**. We are pleased that you have chosen our digestive health specialists for your gastroenterology needs. Our goal is to provide you with high-quality care and a comfortable experience.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Physician Name]

To ensure a smooth registration process, please complete the enclosed forms and bring them with you, or submit them through our patient portal at [Portal Link].

What to bring to your first visit:

- A valid government-issued photo ID
- Your current insurance card(s)
- A list of all current medications, including dosages and supplements
- Copies of any recent lab work, imaging reports, or colonoscopy records
- The required co-payment or deductible amount

Important Information:

Please arrive 15 minutes prior to your scheduled time. If you need to cancel or reschedule, please notify us at least 24 hours in advance to avoid a cancellation fee.

If you have any questions regarding your appointment or the registration process, please call our office at [Phone Number].

We look forward to seeing you soon.

Sincerely,

[Name/Signature]
[Title]
[Practice Name]