Date: [Date]

Patient Name: [Patient Full Name]
Address: [Patient Address]

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our practice for your digestive health care. Our team of board-certified gastroenterologists and staff are committed to providing you with high-quality medical care in a comfortable environment.

Your first appointment is scheduled for:

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

Please arrive 15 minutes before your scheduled time to complete the registration process. Remember to bring the following items to your visit:

- Your photo ID and current insurance card.
- A list of all current medications, including dosages.
- Any relevant medical records, lab results, or imaging reports from other facilities.
- The completed patient intake forms (attached/enclosed).

Location and Parking:
Our clinic is located at [Clinic Address]. Parking is available at [Parking Instructions].

Cancellation Policy:
If you need to cancel or reschedule your appointment, please notify us at least 24 hours in advance by calling [Phone Number].

We look forward to meeting you and assisting you with your healthcare needs.

Sincerely,

[Clinic Name] Staff
[Phone Number]
[Website Address]