[Date]

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

Welcome to [Practice Name] Sleep Medicine

Dear [Patient Name],

We are pleased to welcome you to our sleep medicine practice. Our goal is to help you achieve better rest and improve your overall health through specialized sleep diagnostics and treatment.

Your Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor/Provider Name]
- **Location:** [Full Office Address]

What to Bring to Your First Visit:

- Your completed New Patient Intake Forms.
- A list of all current medications and dosages.
- Your insurance card and a valid photo ID.
- Any previous sleep study results (if applicable).

Important Information:

Please arrive 15 minutes early to complete your registration. If you are using a CPAP machine, please bring your machine and mask with you to the appointment. If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.

We look forward to meeting you and helping you get a better night's sleep.

Sincerely,

[Your Name/Practice Manager]
[Practice Name]
[Phone Number]
[Website]