Dear [Patient Name],

Welcome to [Practice Name]. We have scheduled your initial sleep consultation for [Date] at [Time].

Our goal is to help you achieve better rest and improve your overall health. During your first visit, our specialist will review your medical history, discuss your sleep patterns, and determine if a sleep study is necessary.

Appointment Details:

- **Provider:** [Doctor Name]
- **Location:** [Office Address]
- **Arrival Time:** Please arrive 15 minutes early to complete registration.

Please bring the following to your appointment:

- Your photo ID and insurance card.
- A list of all current medications and dosages.
- The completed Sleep Questionnaire (attached/linked).
- Any previous sleep study results (if applicable).

If you need to reschedule, please provide at least 24 hours' notice by calling [Phone Number].

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

Sincerely,

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