Date: [Date]

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

Welcome to [Clinic Name] Sleep Medicine

Dear [Patient Name],

Welcome to our telehealth sleep medicine program. We are pleased that you have chosen us to assist you with your sleep health. Our goal is to provide comprehensive care and help you achieve better rest from the comfort of your home.

Your Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Provider Name]
- **Telehealth Link:** [Insert Link Here]

How to Prepare for Your Visit:

- Ensure you have a stable internet connection and a device with a working camera and microphone.
- Find a quiet, private, and well-lit space for your consultation.
- Please complete the attached sleep diary and medical history forms at least 24 hours before your appointment.
- Have a list of your current medications and any previous sleep study results ready to discuss.

What to Expect:

During your initial consultation, your sleep specialist will review your symptoms, medical history, and sleep patterns. We will discuss potential diagnostic steps, such as a Home Sleep Apnea Test (HSAT), and outline a personalized treatment plan.

If you have any questions or need to reschedule, please contact our office at [Phone Number] or [Email Address].

We look forward to meeting you virtually and helping you improve your sleep quality.

Sincerely,

[Provider Name/Clinic Representative]
[Clinic Name]
[Clinic Website]