[Date]

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

Dear [Patient Name],

Welcome to [Clinic/Center Name]. We have scheduled your sleep disorder evaluation for [Appointment Date] at [Appointment Time].

The purpose of this evaluation is to identify the cause of your sleep concerns and develop a personalized treatment plan. Your visit will include a consultation with our sleep specialists and, if necessary, a discussion regarding a formal sleep study (polysomnography).

Please prepare the following for your appointment:

- Completed sleep diary (enclosed) for the 7 days prior to your visit.
- A list of all current medications and supplements.
- Your insurance card and a valid photo ID.
- Comfortable clothing if your visit includes an initial observation.

Location and Arrival:

Please arrive 15 minutes early to complete any remaining paperwork. We are located at:
[Full Clinic Address and Suite Number]

If you need to reschedule or have any questions regarding your evaluation, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to helping you achieve better sleep and improved health.

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]