

Welcome letter and Appointment reminder (Use Your Letterhead)

Date

Dear _____ :

Welcome to our practice.

At _____, we are dedicated to providing our patients with the best care available. Enclosed find new patient information and release forms, along with additional information about our practice.

As a reminder, your appointment is scheduled with Dr. _____
at _____ am/pm on _____.

Before your scheduled appointment, please carefully read and complete them. Once complete, you may mail them to us at the address listed above. We ask you to complete these forms prior to your visit so you that won't have to wait as long once you arrive. If there is not sufficient time for mailing, please bring the forms with you. If your insurance is an HMO, please contact your primary care physician for a referral.

At time of your appointment you will need:

- :
- Your insurance card
 - Your referral number, case number (if applicable)
 - Any lab tests, medical records, x-rays pertinent to why you are being seen by our physicians

If you can't keep your appointment for any reason, please contact our office as soon as possible so that we may reschedule your appointment.

Thank you for choosing _____ . Please feel free to contact us at _____ anytime with your questions or concerns.

Sincerely,