

Preparing for Your Visit

Hi [Patient Name],

We're looking forward to welcoming you to **[Practice Name]**. Here are a few details to help you prepare and make check-in as easy as possible.

Your appointment:

Date: [Date]

Time: [Time]

Provider: [Provider Name]

Location: [Location/Address]

Complete your forms before you arrive:

Please complete all required forms **prior to check-in**. Completing them ahead of time can help make your arrival and check-in process quicker.

Forms: [Forms Link]

Please remember to bring:

- Photo ID
- Insurance card
- Current medication list, if applicable
- [Other Items Specific to Your Practice]

We recommend arriving approximately **[X] minutes early**. You can find information about directions, parking, and building access here: **[Directions/Parking Link]**.

If your care team has provided any additional preparation instructions for your appointment, please be sure to follow those instructions as well.

If you have questions before your visit or need assistance accessing your forms, please contact us at **[Phone Number]**.

We look forward to seeing you!

Warmly,

[Practice Name]

[Practice Name]

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