

# Initial Specialist Consultation Notification

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

**Dear [Patient Name],**

We are writing to inform you that your initial specialist consultation has been scheduled. Below are the details of your appointment:

**Specialist:** [Insert Specialist's Name]

**Date:** [Insert Appointment Date]

**Time:** [Insert Appointment Time]

**Location:** [Insert Clinic/Hospital Name and Address]

Please be sure to bring any relevant medical records and a list of medications you are currently taking.

If you have any questions or need to reschedule, please do not hesitate to contact our office at [Insert Phone Number or Email Address].

Thank you for choosing [Insert Clinic/Hospital Name] for your medical care.

Sincerely,

[Your Name]

[Your Title]

[Insert Clinic/Hospital Name]

[Insert Contact Information]