

Telehealth Services Letter

Date: [Insert Date]

To: [Patient's Name]

From: [Your Name, Title]

[Your Practice Name]

[Your Practice Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Patient's Name],

We are pleased to offer you telehealth services as part of our commitment to providing convenient and accessible care. As a specialist in [Your Specialty], I understand that visiting in person may not always be possible or convenient.

Our telehealth services allow you to consult with me remotely, through secure video conferencing or phone calls. This enables us to discuss your condition, treatment options, and any questions you may have from the comfort of your home.

To schedule a telehealth appointment, please contact our office at [Phone Number] or email us at [Email Address]. We recommend having the following ready for your appointment:

- Your insurance information
- A list of your current medications
- Any relevant medical records

Thank you for choosing [Your Practice Name]. We look forward to assisting you with your health needs through our telehealth services.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]