

Pre-Appointment Checklist

Dear [Patient's Name],

As part of our commitment to providing you with the best possible care, please review the following checklist to ensure a smooth and efficient appointment:

- **Confirm Appointment:** Please confirm your appointment date and time.
- **Bring Necessary Documents:** Ensure you have the following documents:
 - Photo ID
 - Insurance Card
 - Referral Form (if applicable)
- **List of Medications:** Prepare a list of any medications you are currently taking.
- **Medical History:** Bring a summary of your relevant medical history.
- **Health Concerns:** Write down any questions or concerns you would like to discuss during your appointment.
- **Payment Information:** Be ready to discuss payment options and insurance coverage.

If you have any questions or need to reschedule your appointment, please contact our office at [Office Phone Number].

Thank you for your attention to this checklist. We look forward to seeing you soon!

Sincerely,

[Your Clinic Name]

[Your Contact Information]