**Dear** *(insert name)*

Here is the information needed for your health care video appointment. Your health is very important to us. Please have ALL of your medication with you for your appointment, including over-the-counter medications, nutritional supplements, and vitamins. We need this information to provide quality care for you.

To provide the best experience for you, please help us by preparing for your video appointment by doing the following:

* Show up on time
* Dress as you would for an in-person appointment
* Make sure you are in a quiet, private, well lit environment
* Have your camera at eye level, and center yourself on the screen

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| --- |
| **Details of Your Appointment** |
| **Date of Appointment:** | **Time:** |
| **Provider Name:** | **Case Manager or Clinic phone number:** |
| **Labs/pre work needed:** | **Labs/pre work due date:** |

**Please remember video calls may incur a cost to you, standard data rates will apply.**