[Practice Name]
[Practice Address]
[Phone Number]
[Website]

[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen us for your healthcare needs. Our team is dedicated to providing you and your family with comprehensive and compassionate medical care.

Your first appointment is scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Provider Name]

To ensure your first visit goes smoothly, please bring the following items:

- A valid photo ID
- Your current insurance card(s)
- A list of current medications, including dosages
- Completed new patient forms (enclosed/available online)
- Any recent medical records or immunization history

Please arrive 15 minutes before your scheduled appointment time to complete the registration process. If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.

If you have any questions regarding your first visit or our services, please contact our office at [Phone Number].

We look forward to meeting you and helping you maintain your health.

Sincerely,

The Staff at [Practice Name]