[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Welcome to [Clinic Name]

Dear [Patient Name],

We are pleased to welcome you as a new patient to [Clinic Name]. We appreciate your choice in trusting us with your healthcare needs.

Our mission is to provide high-quality, compassionate care. To help your first visit go smoothly, please remember to bring the following:

- A valid photo ID
- Your current insurance card
- A list of current medications and dosages
- Completed new patient forms (enclosed/available online)

Your First Appointment:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Doctor/Provider Name]

Please arrive 15 minutes early to finalize your registration. If you need to reschedule, please call us at least 24 hours in advance.

Our office hours are [Office Hours], and we are located at [Clinic Address]. You can reach us at [Phone Number] or visit our website at [Website URL] for more information.

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

Sincerely,

[Name of Practice Manager/Doctor]
[Clinic Name]