[Date]

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

Dear [Patient Name],

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

Your first appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Physician Name]

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

- A valid government-issued photo ID
- Your current health insurance card
- A list of all current medications, including dosages
- Completed new patient forms (attached/enclosed)
- Records from your previous physician, if available

We ask that you arrive 15 minutes early to finalize your registration. If you need to reschedule or cancel, please notify us at least 24 hours in advance to avoid a cancellation fee.

Our office hours are [Hours of Operation]. If you have any questions before your visit, please call us at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Doctor Name/Practice Manager]
[Practice Name]