[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Website URL]

[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen us as your primary healthcare provider. Our mission is to provide comprehensive, high-quality medical care to every member of your family.

Our Services
We offer a wide range of services including preventative exams, chronic disease management, pediatric care, women's health, and minor surgical procedures.

Office Hours
Monday - Friday: [Opening Time] to [Closing Time]
Saturday: [Opening Time] to [Closing Time] (if applicable)
Sunday: Closed

Appointments and Cancellations
To schedule an appointment, please call [Phone Number] or use our online portal. If you need to cancel or reschedule, we kindly request a 24-hour notice to avoid a cancellation fee.

What to Bring to Your First Visit
- Your photo ID and insurance card
- A list of current medications and dosages
- Completed new patient forms (attached/available online)
- Records from your previous physician (if available)

Insurance and Billing
We accept most major insurance plans. Co-payments are due at the time of service. For billing inquiries, please contact [Billing Department Phone].

Patient Portal
We encourage you to register for our secure Patient Portal at [URL]. You can use this to view lab results, request prescription refills, and message your provider.

We look forward to partnering with you to maintain your health and well-being.

Sincerely,

[Doctor/Manager Name]
[Title]
[Practice Name]