[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Website Email]

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us as your primary care provider. Our goal is to provide you with high-quality, personalized healthcare in a comfortable environment.

Your First Appointment
Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Provider Name]

What to Bring to Your First Visit:

- A valid photo ID
- Your current insurance card
- A list of all current medications, including dosages
- Completed new patient forms (attached or available on our website)
- Any recent medical records or lab results

Clinic Policies:

- **Arrival:** Please arrive 15 minutes before your scheduled time to complete the registration process.
- **Cancellations:** If you need to reschedule, please notify us at least 24 hours in advance.
- **Payments:** Co-payments are due at the time of service.

If you have any questions before your visit, please call our office at [Phone Number]. We look forward to meeting you and helping you manage your health.

Sincerely,

[Sender Name/Office Manager]
[Clinic Name]