[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 healthcare needs. Our goal is to provide high-quality medical care in a comfortable and professional environment.

Your First Appointment
Your first visit is scheduled for [Date] at [Time]. Please arrive 15 minutes early to complete any remaining paperwork. Remember to bring your insurance card, a valid photo ID, and a list of any current medications you are taking.

Office Hours and Location
Our office is located at [Office Address]. We are open during the following hours:
[List Days and Hours, e.g., Monday - Friday: 8:00 AM to 5:00 PM]

Appointments and Cancellations
To schedule or reschedule an appointment, please call [Phone Number] or visit our website at [Website URL]. If you need to cancel, we kindly request at least 24 hours' notice.

Patient Portal
We encourage you to sign up for our Patient Portal. This secure online tool allows you to view lab results, request prescription refills, and message your provider. You will receive an email invitation to join shortly.

Insurance and Payments
Co-payments and outstanding balances are due at the time of service. We accept [List Payment Methods]. Please contact our billing department at [Billing Phone Number] if you have specific questions regarding your coverage.

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

Sincerely,

[Provider Name/Practice Manager]
[Practice Name]