[Date]

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

Dear [Patient Name],

Welcome to [Family Health Clinic Name]. We are pleased that you have chosen us as your primary healthcare provider. Our mission is to provide comprehensive and compassionate medical care for every member of your family.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor/Provider Name]

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

- A valid photo ID
- Your current insurance card
- A list of current medications and dosages
- Any relevant past medical records or immunization history

Please arrive 15 minutes early to complete any necessary registration forms. If you need to reschedule, please call us at [Phone Number] at least 24 hours in advance.

Our office hours are [Hours of Operation]. You can also access our patient portal at [Website URL] to manage appointments and view test results.

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

Sincerely,

[Staff Name/Clinic Manager]
[Family Health Clinic Name]
[Phone Number]
[Email Address]