Welcome to [Medical Practice Name]

Dear [Patient Name],

Welcome to [Medical 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

Please arrive 15 minutes before your scheduled appointment time to complete any necessary paperwork. Remember to bring the following items:

- A valid government-issued photo ID
- Your current health insurance card
- A list of all current medications, including dosages
- Any relevant medical records or recent test results

Office Information

Address: [Office Address, City, State, Zip]
Phone: [Phone Number]
Office Hours: [Days and Times]

Insurance and Payments

Co-payments and deductibles are due at the time of service. We accept [Cash/Check/Credit Cards]. Please contact your insurance provider to confirm that we are in your network.

Cancellations

If you need to reschedule or cancel your appointment, please provide at least 24 hours' notice to avoid a cancellation fee.

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

Sincerely,

[Doctor/Manager Name]
[Medical Practice Name]