[Date]

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

Dear [Patient Name],

Welcome to Family Wellness Clinic. We are pleased that you have chosen us for your healthcare needs. Our mission is to provide comprehensive and compassionate care for every member of your family.

Your first appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Provider Name]

To ensure a smooth first visit, please bring the following items with you:

- A valid government-issued photo ID
- Your current health insurance card
- A list of current medications and dosages
- Completed new patient forms (attached/available on our website)
- Previous medical records or immunization history

Please arrive 15 minutes prior to your scheduled time to complete the registration process. If you need to reschedule or cancel, please provide at least 24 hours' notice.

Our clinic is located at:
[Clinic Address]
[Phone Number]
[Website URL]

We look forward to meeting you and helping you achieve your wellness goals.

Sincerely,

[Your Name/Clinic Administrator]
Family Wellness Clinic