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

[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]! We are honored that you have chosen us for your healthcare needs. Our team is committed to providing you with high-quality, personalized care in a comfortable environment.

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 insurance card(s).
- A list of all current medications, including dosages.
- Any recent medical records or test results relevant to your visit.
- Completed new patient forms (attached/available on our website).

Please arrive [15] minutes before your scheduled appointment time to complete the registration process. If you need to reschedule or cancel your appointment, please provide at least [24/48] hours' notice.

If you have any questions before your visit, please feel free to contact our office at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Name/Signature]
[Title/Office Manager]
[Practice Name]