[Date]

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

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us for your family's healthcare needs. Our goal is to provide high-quality medical care in a comfortable and friendly environment.

Your first appointment is scheduled for:

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

Please arrive 15 minutes early to complete any remaining paperwork. Remember to bring the following items to your visit:

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

If you need to reschedule or cancel your appointment, please contact us at [Phone Number] at least 24 hours in advance.

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

Sincerely,

[Your Name/Office Manager]
[Clinic Name]
[Phone Number]
[Website URL]