[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen us for your healthcare needs. Our goal is to provide high-quality, comprehensive medical care to all our patients.

Your First Appointment
Your initial appointment is scheduled for [Date] at [Time] with [Doctor Name]. Please arrive 15 minutes early to complete any remaining paperwork. Remember to bring your insurance card, a valid photo ID, and a list of any current medications.

Office Hours and Contact Information
Our office is open during the following hours:
[Insert Days/Hours here, e.g., Monday - Friday: 8:00 AM to 5:00 PM]
To schedule or change an appointment, please call us at [Phone Number] or visit our website at [Website URL].

Patient Portal
We encourage you to sign up for our secure Patient Portal. Through the portal, you can view lab results, request prescription refills, and message your provider. You will receive an email with registration instructions shortly.

Cancellations
If you need to cancel or reschedule, please provide at least 24 hours' notice so we may offer the time to another patient.

Thank you for trusting us with your health. We look forward to meeting you.

Sincerely,

[Doctor or Practice Manager Name]
[Practice Name]