[Date]

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

Dear [Patient Name],

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

Your first appointment is scheduled for:

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

To ensure a smooth registration process, please 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

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, kindly provide us with 24 hours' notice.

We look forward to meeting you. If you have any questions, please contact us at [Phone Number] or visit our website at [Website URL].

Sincerely,

The Staff at [Clinic Name]