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

[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen us as your primary care provider. Our team is committed to providing you with high-quality, personalized healthcare.

This letter contains important information to help you prepare for your first visit:

- **Appointment Details:** Your first appointment is scheduled for [Date] at [Time] with Dr. [Physician Name].
- **Arrival Time:** Please arrive 15 minutes early to complete any necessary paperwork.
- **What to Bring:**
  - Valid government-issued photo ID
  - Current insurance card
  - A list of all current medications (including dosages)
  - Relevant medical records or immunization history
- **Patient Portal:** You can access your lab results and message our staff through our secure portal at [Portal URL].

If you need to reschedule or cancel your appointment, please provide at least 24 hours' notice to avoid a cancellation fee.

We look forward to meeting you and helping you maintain your health. If you have any questions before your visit, please call our office at [Phone Number].

Sincerely,

[Physician Name or Practice Manager]
[Practice Name]