

[Practice Name]  
[Address]  
[Phone Number]  
[Website Address]

[Date]

Dear [Parent/Guardian Name],

Welcome to [Practice Name]! We are honored that you have chosen us to provide medical care for your child. Our team is dedicated to providing the highest quality healthcare in a warm and friendly environment.

This letter contains important information to help you get started with our practice:

- **Office Hours:** [Insert Hours, e.g., Monday-Friday, 8:00 AM - 5:00 PM]
- **After-Hours Care:** [Insert instructions for emergencies or nurse lines]
- **Appointments:** To schedule an appointment, please call [Phone Number] or use our online portal at [URL].
- **Patient Portal:** Please visit [Link] to register. This allows you to view lab results, request refills, and message your provider.

**What to bring to your first visit:**

- Your child's immunization records
- Previous medical records
- Insurance card and a valid photo ID
- Completed new patient forms (available on our website)

We look forward to meeting you and your family. If you have any questions, please do not hesitate to contact our office.

Sincerely,

The Doctors and Staff at [Practice Name]