

[Date]

To the parents/guardians of [Infant Name],

## Welcome to [Clinic Name]

We are delighted to welcome your family and your little one to our pediatric practice. It is a privilege to partner with you in supporting the health and development of your child during these important early stages of life.

Our goal is to provide comprehensive, compassionate care tailored to the unique needs of infants. Whether it is your first well-baby checkup or a routine vaccination, our team is here to support you every step of the way.

### Your First Appointment

Please remember to bring the following to your first visit:

- The infant's birth discharge papers.
- Immunization records (if available).
- Your insurance card and photo ID.
- A list of any questions or concerns you may have.

### Office Information

**Address:** [Clinic Street Address, City, State, Zip]

**Office Hours:** [Operating Hours]

**Phone Number:** [Phone Number]

**After-Hours/Urgent Line:** [Phone Number]

To save time, you may complete our new patient registration forms via our website at [Website URL] or arrive 15 minutes early to complete them in the office.

We look forward to meeting you and your baby soon!

Sincerely,

[Doctor/Provider Name]

[Clinic Name]