[Date]

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

Dear [Patient Name],

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

To ensure a smooth first visit, please find your appointment details below:

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

What to bring to your first appointment:

- Your photo ID and all current insurance cards.
- A list of all current medications, including dosages and supplements.
- Any recent medical records or lab results from other providers.
- The completed new patient forms included with this letter.

Our Services for Seniors:

We provide specialized care tailored to your needs, including chronic disease management, preventative screenings, and coordination with specialists. Our facility is fully accessible, and we offer assistance with Medicare billing and insurance inquiries.

If you need to reschedule or have any questions, please call our office at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and helping you maintain your health and independence.

Sincerely,

[Name of Clinic Manager or Lead Physician]
[Clinic Name]