[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 clinic specializes in geriatric care, and our goal is to help you maintain your health, independence, and quality of life.

Your first appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Doctor/NP Name]

Please bring the following items to your first visit:

- Your photo ID and insurance cards.
- All current prescription medications in their original bottles.
- Any over-the-counter vitamins or supplements you take.
- Medical records from your previous physician (if available).

If you need to reschedule or have any questions, please call our office at [Phone Number]. We look forward to meeting you and providing you with compassionate, personalized care.

Sincerely,

[Doctor/Manager Name]
[Clinic Name]
[Clinic Address]