[Your Name/Practice Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

[Date]

[Patient Name]
[Patient Address Line 1]
[Patient Address Line 2]

Dear [Patient Name],

Welcome to [Practice Name]. I am writing to formally introduce myself as your new Primary Care Provider specializing in geriatric medicine. It is a privilege to partner with you in managing your health and wellness during this stage of your life.

My approach to care focuses on maintaining your independence, managing chronic conditions, and improving your overall quality of life. Our practice offers comprehensive services tailored to older adults, including:

- Comprehensive geriatric assessments
- Medication review and management
- Coordination with specialists and home health services
- Preventative screenings and immunizations
- Support for memory care and mobility concerns

To prepare for our first appointment on [Date] at [Time], please bring the following:

- All current prescription and over-the-counter medications in their original bottles
- Insurance cards and a valid photo ID
- Copies of recent lab results or medical records from other doctors
- A list of any specific health concerns or questions you wish to discuss

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

Sincerely,

[Signature]
[Your Printed Name and Title]