[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen our geriatric care team to support your health and wellness goals. Our mission is to provide compassionate, comprehensive, and personalized medical care tailored to the unique needs of older adults.

At [Clinic Name], we offer a range of services designed to improve your quality of life, including:

- Chronic disease management
- Medication review and management
- Memory and cognitive screenings
- Mobility and fall prevention assessments
- Preventative screenings and immunizations

Your First Appointment

Your first visit is scheduled for **[Date]** at **[Time]** with **[Provider Name]**. Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring the following items:

- Your photo ID and insurance card(s)
- A list of all current medications (including dosages and supplements)
- Medical records from your previous physician (if available)

Our office is located at [Clinic Address]. If you need to reschedule or have questions before your visit, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and partnering with you for your healthcare needs.

Sincerely,

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