

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Signature Medical Practice Name]. We are honored that you have chosen us as your healthcare provider. Our mission is to provide you with personalized, high-quality medical care in a comfortable and professional environment.

Your first appointment is scheduled for:

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

To ensure your first visit goes smoothly, please bring the following items with you:

- A valid government-issued photo ID
- Your current health insurance card
- A list of all current medications and dosages
- Completed new patient forms (enclosed or available on our website)

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

We look forward to meeting you and helping you maintain your health and well-being.

Sincerely,

[Provider Name or Practice Manager]

[Signature Medical Practice Name]