

[Date]

[Patient Full Name]

[Patient Address]

[City, State, Zip Code]

Subject: Welcome to [Clinic Name] Virtual Care

Dear [Patient Name],

We are pleased to inform you that you have been accepted as a new patient at [Clinic Name]. We look forward to providing you with high-quality healthcare through our virtual platform.

To begin your care, please follow these steps:

- **Patient Portal:** Create your account at [URL] to manage appointments and messaging.
- **First Appointment:** Your initial consultation is scheduled for [Date] at [Time].
- **Technical Check:** Ensure you have a stable internet connection and a device with a camera and microphone.

Prior to your first visit, please complete the digital intake forms sent to your email. These forms must be submitted at least 24 hours before your appointment.

If you have any questions regarding our virtual services or need assistance with the technology, please contact our support team at [Phone Number] or [Email Address].

Thank you for choosing [Clinic Name]. We look forward to meeting you virtually.

Sincerely,

[Provider Name/Clinic Administration]

[Clinic Name]

[Website]