

**Compassionate Women's Care**

123 Wellness Way

City, State, Zip Code

Phone: (555) 012-3456

Date: [Date]

Patient Name: [Patient Name]

Address: [Patient Address]

Dear [Patient Name],

Welcome to Compassionate Women's Care. We are honored that you have chosen us as your partner in health. Our mission is to provide you with personalized, high-quality care in a supportive and comfortable environment.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Provider Name]

To ensure your visit goes smoothly, please remember to bring the following:

- A valid photo ID
- Your current insurance card
- A list of any medications or supplements you are currently taking
- Completed new patient forms (attached/available online)

We ask that you arrive 15 minutes early to finalize your registration. If you need to reschedule, please provide at least 24 hours' notice.

We look forward to meeting you and supporting your health journey.

Sincerely,

The Staff at Compassionate Women's Care