[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen our clinic for your dermatological care. Our team is dedicated to providing comprehensive medical, surgical, and cosmetic skin care in a professional and welcoming environment.

Your first appointment is scheduled for:

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

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

- A valid photo ID and your current insurance card.
- A list of all current medications, including dosages.
- A list of any skin care products you are currently using.
- Completed new patient forms (attached or available on our website).

Please arrive 15 minutes prior to your scheduled time to complete the registration process. If you need to reschedule or cancel, please provide at least 24 hours' notice to avoid a cancellation fee.

Our office is located at:
[Clinic Address]
[Suite Number/Building Name]

If you have any questions before your visit, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and helping you achieve healthy, beautiful skin.

Sincerely,

The Team at [Practice Name]