[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]! We are honored that you have chosen us to assist you with your aesthetic and cosmetic goals. Our team is dedicated to providing you with exceptional care and natural-looking results in a comfortable, professional environment.

Your initial consultation is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Office Address/Suite Number]

To ensure your first visit goes smoothly, please keep the following in mind:

- **Arrival:** Please arrive 15 minutes early to complete any necessary paperwork.
- **Documentation:** Bring a valid photo ID and a list of any medications or supplements you are currently taking.
- **Preparation:** If possible, please arrive with a clean face (no makeup) if your consultation involves facial procedures.
- **Questions:** We encourage you to bring a list of questions or photos of your desired goals to discuss with [Doctor/Provider Name].

If you need to reschedule or cancel your appointment, please provide us with at least [24/48] hours' notice to avoid any cancellation fees.

We look forward to meeting you and helping you look and feel your absolute best. If you have any questions before your visit, please call us at [Phone Number] or visit our website at [Website URL].

Warm regards,

[Your Name/Practice Manager]
[Practice Name]