[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our practice for your dermatological care. Our team is committed to providing you with the highest quality medical, surgical, and cosmetic skin care services.

Your first appointment is scheduled for:

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

To ensure a smooth first visit, please bring the following items with you:

- Your photo ID and 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 (enclosed or available on our website).

Please arrive [15] minutes early to complete the registration process. If you need to reschedule, we kindly ask for [24-48] hours' notice.

Our clinic is located at [Clinic Address]. Parking is available at [Parking Instructions].

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

Sincerely,

The Team at [Clinic Name]