[Date]

[Parent/Guardian Name]
[Patient Name]
[Address Line 1]
[City, State, Zip Code]

Dear [Parent/Guardian Name],

Welcome to [Practice Name]. We are delighted that you have chosen us to care for [Patient Name]'s dermatological needs. Our team is dedicated to providing specialized, compassionate skin care for children, adolescents, and infants.

Your First Appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Office Address/Suite Number]
- **Provider:** [Doctor Name]

What to Bring:

- Photo ID of parent/guardian
- Current insurance card
- A list of current medications and any creams/ointments used
- Completed new patient forms (attached or available on our website)
- Referral from your pediatrician (if required by insurance)

Arrival Instructions:
Please arrive [15] minutes early to complete the registration process. If you need to reschedule, we kindly ask for at least [24/48] hours' notice to avoid a cancellation fee.

Contact Us:
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 your child soon.

Sincerely,

[Doctor Name/Practice Name]
[Phone Number]
[Email Address]