[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen our clinic for your cosmetic and dermatological care. Our team is dedicated to providing you with personalized treatments and the highest standard of service.

Your first appointment is scheduled for:

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

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

- A valid photo ID and insurance card (if applicable).
- A list of current medications and skincare products you are using.
- Completed new patient forms (attached or available on our website).

Please arrive [15] minutes early to complete your registration. If you need to reschedule, we kindly ask for [24/48] hours' notice to avoid any cancellation fees.

We look forward to helping you achieve your aesthetic and skin health goals. If you have any questions before your visit, please call us at [Phone Number] or visit [Website].

Sincerely,

[Your Name/Practice Manager]
[Practice Name]