[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]! We are delighted that you have chosen us to care for your skin. Our team is dedicated to providing you with personalized treatments and professional care to help you achieve your skin health goals.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Provider Name]

To make your first visit as smooth as possible, please remember to bring the following:

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

Please arrive [15] minutes early to finalize your registration. If you need to reschedule or have any questions before your visit, please call us at [Phone Number] or email us at [Email Address].

We look forward to meeting you and helping you glow!

Sincerely,

[Your Name/Practice Manager]
[Practice Name]
[Practice Website]