[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Website Address]

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are delighted that you have chosen us to partner with you on your aesthetic and wellness journey. Our mission is to provide personalized, high-quality care to help you look and feel your absolute best.

Your first appointment is scheduled for:

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

To ensure you have the best experience during your visit, please note the following:

- **Arrival:** Please arrive 15 minutes early to complete any necessary paperwork.
- **Preparation:** For facial consultations, please arrive with a clean face free of makeup if possible.
- **Consultation:** We will conduct a thorough assessment of your goals and create a customized treatment plan tailored to your needs.
- **Cancellation Policy:** If you need to reschedule, please provide at least [24/48] hours' notice to avoid a cancellation fee.

We invite you to explore our full range of services, including [Service 1], [Service 2], and [Service 3], by visiting our website or speaking with our staff.

If you have any questions prior to your visit, please feel free to contact us at [Phone Number]. We look forward to meeting you soon.

Warmly,

[Your Name/Clinic Manager]
[Clinic Name]