[Clinic Name]
[Clinic Address]
[Phone Number]
[Email/Website]

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us for your dermatological care. This letter contains important information to help you prepare for your first visit.

Your Appointment Details

Date: [Appointment Date]
Arrival Time: [Time - e.g., 15 minutes prior to start]
Provider: [Physician/Provider Name]

What to Bring

- Photo ID and current Insurance Card.
- A list of all current medications, including vitamins and supplements.
- A list of skincare products you are currently using.
- Relevant medical records or pathology reports from previous clinics.

Clinic Policies

Cancellations: If you need to reschedule, please provide at least [24/48] hours notice to avoid a cancellation fee.

Copayments: All insurance copayments and outstanding balances are due at the time of service.

Preparation: For full-body skin exams, please remove all makeup and nail polish prior to your arrival.

New Patient Forms

Please complete the enclosed forms or visit our online portal at [URL] to fill them out digitally before your arrival. This will help ensure a timely check-in process.

If you have any questions, please contact our office at [Phone Number]. We look forward to meeting you.

Sincerely,

The Team at [Clinic Name]