[Date]

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

Dear **[Patient Name]**,

Welcome to **[Clinic/Hospital Name]**. We are honored that you have chosen us to partner with you in your journey toward healing and recovery. Our mission is to provide you with comprehensive, compassionate, and personalized cancer care.

We understand that a diagnosis can feel overwhelming. Please know that you are not alone. Our multidisciplinary team-including oncologists, nurses, social workers, and nutritionists-is dedicated to supporting not only your physical health but also your emotional and mental well-being.

Your Care Coordination:

- **Patient Navigator:** [Navigator Name] will be your primary point of contact for scheduling and resources. They can be reached at [Phone Number].
- **Online Portal:** You can access your test results and message your care team at [Website URL].
- **Support Services:** We offer counseling, support groups, and integrative therapies. Please ask us for our "Support Services Directory" during your next visit.

Your first treatment planning appointment is scheduled for **[Date]** at **[Time]**. Please arrive 15 minutes early to complete any necessary paperwork.

We are committed to providing you with the highest standard of care and will be with you every step of the way. If you have any immediate questions, please call us at **[Main Phone Number]**.

Sincerely,

[Doctor/Administrator Name]
[Title]
[Comprehensive Cancer Care Center Name]