[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to partner with you during this journey. Our team is committed to providing you with compassionate care, advanced treatment options, and dedicated support every step of the way.

Your care team will be led by [Physician Name] and includes specialized nurses, navigators, and support staff who work together to create a personalized treatment plan tailored to your specific needs.

Your First Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Department/Suite Number]

What to Bring:

- A list of all current medications and dosages.
- Your insurance cards and a form of photo identification.
- Any recent lab results or imaging discs not already sent to our office.
- A list of questions you may have for your oncologist.

We understand that this can be an overwhelming time. If you have any questions before your visit, please contact our patient coordinator at [Phone Number] or visit our patient portal at [Website URL].

We look forward to meeting you and supporting you throughout your recovery.

Sincerely,

[Signature]
[Name of Clinic Director or Lead Physician]
[Clinic Name]