[Date]

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

Welcome to the [Clinic Name] Adult Asthma Program

Dear [Patient Name],

We are pleased to welcome you to our clinic. Our goal is to help you manage your asthma effectively so you can lead a healthy and active life. Your first appointment is scheduled for:

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

To prepare for your visit, please bring the following:

- All current asthma medications, including inhalers and spacers.
- A list of any known allergies or triggers.
- Your insurance card and a valid photo ID.
- Any recent chest X-rays or lung function test results you may have.

Please arrive 15 minutes early to complete any necessary paperwork. During this visit, we will review your medical history, perform a physical exam, and may conduct a spirometry (breathing) test.

If you need to reschedule, please call us at [Phone Number] at least 24 hours in advance.

We look forward to meeting you and working together on your asthma care plan.

Sincerely,

[Clinic Name] Staff
[Phone Number]
[Clinic Website]