Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us to assist with your respiratory health and allergy management. Our team is dedicated to helping you breathe easier and improving your quality of life.

Your first appointment is scheduled for:

- Date: [Date]
- Time: [Time]
- Provider: [Doctor Name]

To ensure your first visit is productive, please bring the following:

- Your completed patient intake forms.
- A list of current medications (including inhalers and nasal sprays).
- Records of previous allergy testing or pulmonary function tests.
- Your insurance card and photo identification.

Note for Allergy Testing: If you are scheduled for skin testing, please refrain from taking antihistamines for [Number] days prior to your appointment.

Our office is located at: [Office Address].

If you have any questions or need to reschedule, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to seeing you soon.

Sincerely,

[Your Name/Practice Name]
[Clinic Contact Information]