

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Welcome to [Clinic Name]

Dear [Patient Name],

Thank you for choosing [Clinic Name] for your healthcare needs. We are pleased to welcome you to our practice.

Our walk-in clinic is dedicated to providing high-quality medical care without the need for a prior appointment. Below is some important information regarding our services:

- **Clinic Hours:** [Insert Hours, e.g., Monday-Friday 8:00 AM - 8:00 PM]
- **Services Provided:** [Insert Services, e.g., Minor injuries, flu shots, physicals, and acute illness treatment]
- **Location:** [Insert Clinic Address]
- **Contact Number:** [Insert Phone Number]

For your first visit, please remember to bring:

- A valid photo ID
- Your current insurance card
- A list of any current medications you are taking

If you have any questions before your visit, please feel free to call our office or visit our website at [Website URL].

We look forward to serving you.

Sincerely,

[Staff Name/Clinic Manager]

[Clinic Name]