

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Urgent Care Clinic Name]. We are pleased that you have chosen us for your immediate healthcare needs. Our goal is to provide high-quality medical care with minimal wait times.

Our facility is equipped to treat non-life-threatening illnesses and injuries, including:

- Colds, flu, and sinus infections
- Minor cuts, burns, and lacerations
- Sprains, strains, and minor fractures
- Allergic reactions and rashes
- Physical exams and vaccinations

Clinic Hours: [Insert Hours, e.g., Monday-Sunday, 8:00 AM - 8:00 PM]

Location: [Insert Clinic Address]

Contact Number: [Insert Phone Number]

No appointment is necessary, as we accept walk-ins daily. For your convenience, you can also check in online at [Insert Website URL] to reduce your wait time upon arrival.

Please remember to bring a valid photo ID and your insurance card to every visit. If you have any questions regarding our services or accepted insurance plans, do not hesitate to call us.

Thank you for trusting us with your health. We look forward to serving you.

Sincerely,

[Name/Signature]

[Title/Clinic Management]

[Urgent Care Clinic Name]