

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice/Clinic Name]. We are pleased that you have chosen us for your healthcare needs. This letter confirms your registration as a new patient.

Your first appointment is scheduled for:

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

To ensure your first visit goes smoothly, please bring the following items:

- A valid photo ID
- Your current insurance card
- A list of current medications and dosages
- Completed new patient forms (attached/available online)

Please arrive [15] minutes early to finalize your registration. If you need to reschedule or cancel, please notify us at least [24/48] hours in advance at [Phone Number].

We look forward to meeting you and providing you with quality care.

Sincerely,

[Your Name/Office Manager]

[Practice/Clinic Name]

[Phone Number]

[Website URL]