

[Date]

Dear Patient,

Welcome to [Clinic Name]

Thank you for choosing our clinic for your healthcare needs today. We are committed to providing you with high-quality medical care in a timely manner.

As a walk-in patient, please take note of the following information:

- **Registration:** Please provide your photo ID and insurance card to the front desk.
- **Wait Times:** Patients are generally seen in the order of arrival; however, patients with urgent medical needs may be prioritized.
- **Forms:** Please complete the attached patient information and consent forms while you wait.
- **Payment:** Co-pays and payments for non-insured services are due at the time of your visit.

If you have any questions or if your symptoms worsen while you are waiting, please inform our reception staff immediately.

We appreciate your patience and look forward to assisting you.

Sincerely,

The Staff and Management

[Clinic Name]

[Clinic Phone Number]

[Clinic Address]