

Date: [Current Date]

To: [Patient Name]

Address: [Patient Address]

## Welcome to [Medical Center Name]

Dear [Patient Name],

Thank you for choosing [Medical Center Name] for your healthcare needs. We are pleased to welcome you to our walk-in facility and are committed to providing you with high-quality medical care in a timely and professional manner.

As a walk-in center, we offer a variety of services without the need for a scheduled appointment, including:

- Urgent care for non-life-threatening illnesses and injuries
- Routine physical exams and screenings
- Immunizations and vaccinations
- On-site lab work and diagnostic testing

### Center Hours:

Monday - Friday: [Opening Time] to [Closing Time]

Saturday - Sunday: [Opening Time] to [Closing Time]

Please remember to bring your photo ID and current insurance card during every visit. If you have any previous medical records or a list of current medications, please bring those as well to help us better serve you.

If you have any questions regarding our services or billing, please feel free to call us at [Phone Number] or visit our website at [Website URL].

We look forward to serving you and helping you maintain your health.

Sincerely,

[Name of Clinic Manager/Lead Physician]

[Medical Center Name]

[Phone Number]