

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. Thank you for choosing us for your healthcare needs. We are committed to providing you with personalized and high-quality care.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Doctor/Provider Name]

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

- A valid photo ID
- Your current insurance card
- A list of any medications or supplements you are currently taking
- Completed new patient forms (attached or available on our website)

We ask that you arrive [15] minutes early to finalize your registration. If you need to reschedule or cancel, please contact us at [Phone Number] at least [24] hours in advance.

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

Sincerely,

[Your Name/Signature]

[Your Title]

[Practice Name]

[Practice Phone Number]

[Practice Website]