[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us for your healthcare needs. Our goal is to provide high-quality medical care through our secure electronic platform.

To get started, please follow the steps below to access your Patient Portal:

- **Portal Link:** [Link to Portal]
- **Username:** [Patient Username]
- **Initial Password:** [Temporary Password]

Through the portal, you can:

- Schedule and manage appointments.
- View lab results and medical records.
- Securely message your healthcare provider.
- Request prescription refills.
- Pay medical bills online.

Please complete your digital registration forms and upload a copy of your insurance card prior to your first appointment on [Appointment Date] at [Appointment Time].

If you have any questions regarding the portal or your upcoming visit, please contact our office at [Phone Number].

Sincerely,

The Team at [Clinic Name]