[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address/Website]

[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen us for your healthcare needs. Our team is committed to providing you with high-quality, personalized medical care in a comfortable environment.

Your first appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Provider Name]

To ensure your first visit goes smoothly, please complete the enclosed intake forms and bring them with you. Alternatively, you may complete them via our patient portal at [Link].

Please bring the following items to your appointment:

- A valid government-issued photo ID
- Your current health insurance card(s)
- A list of all current medications, including dosages and supplements
- Any relevant medical records or recent test results
- Payment for your co-pay or deductible (due at the time of service)

Arrival Time:
Please arrive 15 minutes prior to your scheduled appointment time to finalize your registration.

Cancellation Policy:
If you need to reschedule or cancel, please notify us at least 24 hours in advance to avoid a cancellation fee.

We look forward to meeting you and helping you manage your health. If you have any questions before your visit, please call our office at [Phone Number].

Sincerely,

[Provider or Office Manager Name]
[Practice Name]