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

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us for your vision care needs. Our team is dedicated to providing high-quality ophthalmology services and ensuring your eye health is our top priority.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Doctor: [Doctor's Name]

Please arrive 15 minutes early to complete any necessary paperwork. To make your first visit as efficient as possible, please bring the following items:

- A valid photo ID and your current insurance card.
- A list of all current medications, including eye drops and vitamins.
- Your current eyeglasses and/or contact lens information.
- Any referral forms required by your insurance provider.

Note on Dilation: As part of a comprehensive eye exam, your pupils may be dilated. This can cause temporary blurred vision and sensitivity to light. We recommend bringing sunglasses and, if necessary, arranging for a driver to take you home.

If you need to reschedule or cancel your appointment, please provide us with at least 24 hours' notice. This allows us to offer the time slot to another patient.

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

Sincerely,

[Doctor's Name/Practice Manager Name]
[Clinic Name]