[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]! We are pleased that you have chosen us for your comprehensive vision care needs. Our team is dedicated to providing you with the highest quality eye care and personalized service.

Our comprehensive services include:

- Routine Eye Examinations
- Prescription Glasses and Contact Lenses
- Screening for Glaucoma, Cataracts, and Macular Degeneration
- Pediatric Vision Care
- Dry Eye Treatment and Management

Your first appointment is scheduled for **[Date]** at **[Time]**. Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring your current insurance card, a list of any medications you are taking, and your current eyewear or contact lens packaging.

If you need to reschedule, please provide us with at least 24 hours' notice. If you have any questions before your visit, feel free to call us at [Phone Number] or visit our website at [Website URL].

We look forward to seeing you soon and helping you maintain healthy vision.

Sincerely,

[Doctor Name/Staff Name]
[Practice Name]
[Office Address]
[Phone Number]