[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 vision care needs. This letter confirms your upcoming eye examination on:

Date: [Appointment Date]
Time: [Appointment Time]

To ensure your first visit goes smoothly, please bring the following items with you:

- Your current eyeglasses and/or contact lens packaging.
- A list of current medications and any known allergies.
- Your vision and medical insurance cards.
- A valid photo ID.

Please arrive 15 minutes early to complete your registration paperwork. If you need to reschedule, please provide us with at least 24 hours' notice.

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

Sincerely,

[Doctor's Name/Practice Manager]
[Practice Name]
[Phone Number]
[Website]