[Date]

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

Welcome to [Medical Vision Center Name]

Dear [Patient Name],

Thank you for choosing [Medical Vision Center Name] for your eye care needs. We are pleased to welcome you to our practice and look forward to providing you with comprehensive, high-quality vision services.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor Name]

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

- Your current photo ID and medical/vision insurance cards.
- A list of any current medications and allergies.
- Your current eyeglasses and/or contact lens packaging.
- Completed new patient forms (enclosed or available on our website).

Please arrive 15 minutes before your scheduled time to complete the registration process. If your exam includes pupil dilation, your vision may be blurred and sensitive to light for several hours; we recommend bringing sunglasses or arranging for a driver if necessary.

If you need to reschedule, please contact us at least 24 hours in advance at [Phone Number].

We look forward to seeing you soon.

Sincerely,

The Team at [Medical Vision Center Name]
[Office Address]
[Phone Number]
[Website URL]