[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen our facility for your surgical eye care needs. Our team is committed to providing you with the highest quality medical and surgical treatment.

Your initial consultation is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Office Address/Suite Number]

To prepare for your visit, please bring the following items:

- A valid photo ID and your current insurance cards.
- A list of all current medications, including eye drops and supplements.
- Your current eyeglasses or contact lens information.
- Completed new patient forms (attached/enclosed).

Please note that during this exam, your eyes may be dilated. Dilation can cause blurred vision and light sensitivity for several hours. We recommend bringing sunglasses and arranging for a driver if you feel uncomfortable driving while dilated.

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

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

Sincerely,

[Doctor Name/Practice Name]
[Phone Number]
[Website]