[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us for your vision correction consultation scheduled on [Date] at [Time].

The goal of this appointment is to perform a comprehensive evaluation of your eyes and determine the best vision correction procedure for your lifestyle, such as LASIK, PRK, or ICL. During your visit, you will meet with our clinical team and [Doctor Name] to discuss your results and answer any questions you may have.

To prepare for your appointment, please follow these instructions:

- Bring a valid photo ID and your current vision insurance card.
- If you wear contact lenses, please switch to glasses [Number] days prior to your visit.
- Bring a list of any current medications you are taking.
- Plan to be at our office for approximately [Duration] minutes.

Your appointment will take place at:
[Clinic Address]
[Phone Number]

If you need to reschedule or have any immediate questions, please contact us at [Phone Number] or [Email Address].

We look forward to helping you achieve clearer vision.

Sincerely,

[Sender Name]
[Title]
[Clinic Name]