Date: [Insert Date]

To: [Patient Name / Head of Household]
Address: [Patient Address]
City, State, Zip: [City, State, Zip]

Subject: Welcome to [Name of Eye Clinic]

Dear [Patient Name or Family Name],

Welcome to [Name of Eye Clinic]. We are pleased that you have chosen our clinic for your family's vision and eye care needs. Our goal is to provide comprehensive eye exams and personalized care for patients of all ages.

To finalize your registration, please complete the attached forms and bring them to your first appointment. Alternatively, you may arrive 15 minutes early to complete them in our office. Please ensure you have the following items with you:

- A valid photo ID
- Current medical and vision insurance cards
- A list of current medications
- Your most recent pair of eyeglasses or contact lens prescriptions

Your First Appointment Details:

Date: [Appointment Date]
Time: [Appointment Time]
Doctor: [Doctor's Name]

If you need to reschedule or have any questions regarding your insurance coverage, please call us at [Phone Number] at least 24 hours in advance.

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

Sincerely,

[Staff Member Name]
[Title]
[Name of Eye Clinic]
[Clinic Phone Number]
[Clinic Website]