[Practice Name]
[Practice Address]
[Phone Number]
[Website URL]

[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased you have chosen our facility for your advanced ophthalmic care. Our team is dedicated to preserving and enhancing your vision through state-of-the-art technology and clinical expertise.

Your Appointment Details:

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

Preparation for Your Visit:

- **Dilation:** Most comprehensive exams require eye dilation. This may result in light sensitivity and blurred vision for 4 to 6 hours. We recommend bringing sunglasses and arranging a driver if you feel uncomfortable driving while dilated.
- **Medical History:** Please bring a complete list of your current medications (including eye drops and vitamins) and your previous surgical history.
- **Documentation:** Please bring your insurance cards, a valid photo ID, and any referral forms required by your insurance provider.
- **Testing:** Depending on your condition, you may undergo advanced imaging (such as OCT, Topography, or Visual Field testing). Please allow [Estimated Duration] for your initial visit.

Patient Portal:
To streamline your check-in, please complete your medical history forms via our secure portal at [URL] prior to your arrival.

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

We look forward to seeing you and providing you with the highest standard of eye care.

Sincerely,

[Practice Manager Name/Physician Name]
[Practice Name]