[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen our clinic for your vitreoretinal care. Our goal is to provide the highest quality medical and surgical treatment for diseases of the retina, macula, and vitreous.

Your first appointment is scheduled for:

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

What to Expect During Your Visit:
Because we specialize in the retina, your first visit will be comprehensive and may last between [Number] to [Number] hours. Your eyes will be dilated with drops to allow the physician to examine the back of the eye. Dilation will cause blurred vision (especially at close range) and sensitivity to light for several hours. We strongly recommend bringing a driver to your appointment.

Please Bring the Following to Your Appointment:

- A valid photo ID and your current insurance cards.
- A list of all current medications (including eye drops and supplements).
- Your current eyeglasses.
- Completed new patient forms (attached to this letter).
- Your co-pay or any required referral from your primary care doctor.

If you need to reschedule or have any questions regarding your visit, 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 Manager]
[Practice Name]
[Website URL]