[Date]

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

Welcome to [Clinic Name]

Dear [Patient Name],

Thank you for choosing **[Clinic Name]** for your foot and ankle care. We are committed to providing you with the highest quality podiatric medical services in a comfortable and professional environment.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Doctor's Name]

To help your first visit go smoothly, please bring the following items with you:

- Your insurance card(s) and a valid photo ID.
- A list of current medications and allergies.
- Any previous X-rays, MRIs, or medical records related to your foot/ankle condition.
- The shoes you wear most frequently (athletic, work, or everyday shoes).

Arrival Time: Please arrive [15] minutes early to complete any necessary registration forms. If you prefer, you can download and print these forms from our website at [Website URL] to complete them in advance.

Cancellation Policy: If you need to reschedule or cancel your appointment, please provide us with at least [24/48] hours' notice to avoid a cancellation fee.

Location & Parking: We are located at [Clinic Address]. Parking is available [mention parking details, e.g., in the front lot/garage].

We look forward to meeting you and helping you get back on your feet.

Sincerely,

The Staff at [Clinic Name]
[Phone Number]
[Email Address]