[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our clinic for your foot and ankle care. Our team is dedicated to providing you with the highest quality specialized treatment to keep you active and healthy.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Doctor Name]

To prepare for your visit, please bring the following items:

- A valid photo ID and your current insurance card(s).
- A list of all current medications and dosages.
- Any previous X-rays, MRIs, or medical records related to your foot or ankle condition.
- The footwear you wear most frequently (athletic shoes, work boots, etc.).

We recommend arriving 15 minutes early to complete any necessary registration forms. If you need to reschedule or cancel, please provide at least 24 hours' notice.

Our office is located at [Clinic Address]. If you have any questions, please contact us at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Staff Name/Clinic Manager]
[Clinic Name]