Date: [Date]

To the family of [Patient Name],

Welcome to [Clinic Name]

Thank you for choosing [Clinic Name] for your child's foot and ankle care. We are excited to meet you and help your child stay active and healthy.

Your first appointment is scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Doctor Name]

To prepare for your visit, please remember to bring:

- Completed new patient forms (attached or available on our website).
- Your insurance card and a valid ID.
- A list of current medications and allergies.
- The shoes your child wears most frequently (sneakers, school shoes, etc.).
- Any previous X-rays or medical records related to the foot concern.

What to expect: Our team specializes in gentle care designed specifically for children. During the first visit, we will perform a physical exam, discuss your child's medical history, and create a personalized treatment plan.

If you need to reschedule, please call us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you soon!

Sincerely,

[Doctor Name/Clinic Staff]
[Clinic Name]
[Clinic Address]
[Clinic Phone Number]
[Clinic Website]