[Date]

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

Subject: Welcome to the Diabetic Foot Care Program

Dear [Patient Name],

Welcome to the Diabetic Foot Care Program at [Clinic/Hospital Name]. We are pleased to partner with you in managing your foot health and preventing diabetes-related complications.

The goal of this program is to provide you with regular screenings, education, and personalized treatment plans to ensure your feet stay healthy. As a participant, you will have access to:

- Comprehensive foot examinations and risk assessments.
- Professional nail and skin care.
- Guidance on proper footwear and orthotics.
- Education on daily self-inspection and injury prevention.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Department/Suite Number]

Please bring a list of your current medications and the shoes you wear most frequently to your first visit. If you have any questions or need to reschedule, please call us at [Phone Number].

We look forward to working with you to maintain your mobility and health.

Sincerely,

[Provider Name/Program Coordinator]
[Title]
[Clinic/Hospital Name]