[Date]

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

Welcome to [Practice Name]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased you have chosen us for your foot and ankle sports medicine needs. Our goal is to provide specialized care to help you recover from injury and return to your active lifestyle as quickly and safely as possible.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Physician Name]

To ensure your visit goes smoothly, please bring the following:

- Photo ID and insurance card.
- Any recent X-rays, MRIs, or diagnostic reports related to your injury.
- The athletic footwear you use most frequently.
- A list of current medications.

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, please provide at least 24 hours' notice.

We look forward to helping you reach your recovery goals.

Sincerely,

[Physician Name/Practice Manager]
[Practice Name]
[Phone Number]
[Website]