[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen our surgical podiatry team for your foot and ankle care. Our goal is to provide the highest quality surgical interventions and recovery support to get you back on your feet.

Your initial consultation is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Office Address/Suite Number]

To ensure a smooth first visit, please bring the following items with you:

- Your current insurance card and a photo ID.
- A list of all current medications and dosages.
- Any recent X-rays, MRIs, or diagnostic reports related to your condition.
- The footwear you wear most frequently.

During your appointment, [Doctor Name] will perform a comprehensive evaluation, discuss your surgical or non-surgical options, and answer any questions regarding the procedure, risks, and recovery timeline.

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, we kindly ask for 24 hours' notice.

We look forward to meeting you and helping you achieve better mobility.

Sincerely,

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