[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased you have chosen us to assist with your foot and ankle health. Our goal is to provide specialized, compassionate care to help you maintain your mobility and comfort.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Office Address]

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

- Your insurance card(s) and a photo ID.
- A list of all current medications and dosages.
- Any recent X-rays or medical records related to your foot health.
- The shoes you wear most frequently.

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 stay active and pain-free.

Sincerely,

[Doctor Name/Staff Name]
[Practice Name]
[Phone Number]