[Date]

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

Welcome to Advanced Orthotics Clinic

Dear [Patient Name],

Welcome to Advanced Orthotics Clinic. We are pleased that you have chosen us for your orthotic care and mobility needs. Our team is dedicated to providing you with the highest quality custom solutions to improve your comfort and performance.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Practitioner:** [Practitioner Name]

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

- Your physician's prescription or referral.
- Insurance identification cards.
- The footwear you plan to wear with your orthotics.
- Any previous orthotic devices you have used.

Our clinic is located at [Clinic Address]. If you need to reschedule or have any questions before your visit, please call us at [Phone Number] or email [Email Address].

We look forward to helping you achieve your mobility goals.

Sincerely,

[Staff Name/Clinic Manager]
Advanced Orthotics Clinic