[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 routine podiatry care. Our goal is to provide high-quality foot and ankle treatment to keep you mobile and comfortable.

Your first appointment is scheduled for:

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

To help us provide the best care, please bring the following to your visit:

- A valid photo ID and your current insurance card.
- 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 your new patient registration. If you need to reschedule or cancel, we kindly ask for [Number] hours' notice to avoid a cancellation fee.

If you have any questions before your visit, please contact our office at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and helping you maintain healthy feet.

Sincerely,

[Doctor Name/Practice Manager]
[Practice Name]