Date: [Date]

To: [Patient Name]

Address: [Patient Address]

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our specialized facility to help address your heel pain and improve your mobility.

Our team is dedicated to providing advanced diagnostics and customized treatment plans for conditions such as plantar fasciitis, Achilles tendonitis, and heel spurs. Our goal is to get you back on your feet and living pain-free as quickly as possible.

Your First Appointment:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Doctor:** [Doctor Name]

Please remember to bring the following to your visit:

- A list of current medications.
- Previous X-rays or MRI scans related to your heel pain.
- The footwear you use most frequently (athletic or work shoes).
- Completed new patient forms (attached/enclosed).

If you need to reschedule or have any questions, please call us at [Phone Number] or visit our website at [Website Address].

We look forward to meeting you and helping you find relief from your heel pain.

Sincerely,

[Doctor Name/Clinic Manager]
[Clinic Name]
[Phone Number]