[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our clinic for your healthcare needs. This letter confirms your initial consultation scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Provider: [Provider Name]

During this first visit, we will review your medical history, discuss your current health concerns, and develop a personalized treatment plan. Please arrive 15 minutes early to complete any necessary paperwork.

What to bring to your appointment:

- A valid photo ID and your insurance card.
- A list of current medications and dosages.
- Any recent medical records or test results related to your visit.
- Completed new patient forms (attached/available on our website).

If you need to reschedule or cancel your appointment, please notify us at least 24 hours in advance at [Phone Number].

We look forward to meeting you and providing you with high-quality care.

Sincerely,

[Staff Name/Clinic Manager]
[Clinic Name]
[Clinic Phone Number]
[Clinic Website]