[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Email Address/Website]

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us for your healthcare needs. Our goal is to provide high-quality medical care in a comfortable and professional environment.

**Our Services:**
We offer a wide range of services, including [Service 1], [Service 2], and [Service 3]. Our team is dedicated to your long-term health and wellness.

**Your First Appointment:**
Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring:
- Your photo ID
- Your current insurance card
- A list of any medications you are currently taking

**Clinic Policies:**
- **Office Hours:** [Days and Hours of Operation]
- **Cancellations:** Please provide at least 24 hours' notice if you need to reschedule.
- **Payments:** Co-pays are due at the time of service.

**Patient Portal:**
You can access your medical records, request refills, and message your provider through our secure online portal at [URL].

We look forward to meeting you and helping you stay healthy. If you have any questions, please call us at [Phone Number].

Sincerely,

[Provider Name or Clinic Manager]
[Title]
[Clinic Name]