[Date]

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

Dear [Patient Name],

Welcome to [Clinic/Practice Name]. We are pleased you have chosen us for your healthcare and treatment needs. Our team is committed to providing you with high-quality support and personalized care.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Location:** [Office Address/Suite Number]
- **Provider:** [Provider Name]

To help us prepare for your visit, please bring the following items:

- A valid photo ID
- Your current insurance card
- A list of current medications and dosages
- Completed new patient forms (attached or available on our website)

If you need to reschedule or have any questions regarding your treatment plan, please contact our support team at [Phone Number] or [Email Address].

We look forward to meeting you and supporting your health journey.

Sincerely,

[Your Name/Signature]
[Your Title]
[Clinic/Practice Name]