

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Adult Care Clinic Name]. We are pleased that you have chosen us for your primary healthcare needs. Our team is dedicated to providing high-quality medical care tailored specifically for adults.

Your first appointment is scheduled for:

Date: [Appointment Date]

Time: [Appointment Time]

Provider: [Physician/Provider Name]

To ensure your first visit goes smoothly, please bring the following items:

- A valid government-issued photo ID
- Your current health insurance card
- All current medications in their original bottles
- Your completed new patient forms (attached)

Please arrive 15 minutes early to complete the registration process. If you need to reschedule or cancel, we kindly ask for 24 hours' notice.

Our clinic is located at [Clinic Address]. If you have any questions before your visit, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and helping you maintain your health and wellness.

Sincerely,

[Name/Signature]

[Title]

[Adult Care Clinic Name]