

Welcome to Our Practice!

Dear [Patient's Name],

We are thrilled to welcome you as a new patient at [Practice Name]. Your health and well-being are our top priorities, and we are committed to providing you with the highest quality of care.

Please find enclosed important information regarding your first visit:

- **Appointment Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Practice Address]

Prior to your appointment, please complete the attached forms and bring them with you to streamline your check-in process.

If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

We look forward to meeting you!

Sincerely,

[Your Name]
[Your Title]
[Practice Name]
[Contact Information]