

Welcome to Our Practice

Dear [Patient's Name],

We are pleased to welcome you to our practice! Dr. [Specialist's Name] has referred you to us for further evaluation and care. We appreciate the trust you and Dr. [Specialist's Name] have placed in us.

At [Your Practice Name], we are committed to providing you with the highest quality of care. Our team looks forward to working with you to address your health needs and concerns.

Please find enclosed the necessary forms to complete before your first visit. If you have any questions, feel free to contact our office at [Office Phone Number] or [Office Email Address].

We look forward to seeing you on [Appointment Date] at [Appointment Time].

Best regards,

[Your Name]

[Your Position]

[Your Practice Name]

[Practice Address]

[Practice Phone Number]