

Welcome to Our Practice!

Dear [Patient's Name],

We are delighted to welcome you to [Practice Name]. Thank you for choosing us for your healthcare needs. Our team is dedicated to providing you with the highest quality of care.

New Patient Information

Please find enclosed the following documents to help you get started:

- New Patient Registration Form
- Insurance Information Sheet
- Health History Questionnaire

We kindly ask that you complete these forms and bring them with you to your first appointment.

Appointment Details

Your first appointment is scheduled for [Date] at [Time]. It will be held at our office located at [Address]. Please arrive 15 minutes early to complete any remaining paperwork.

Contact Us

If you have any questions, please don't hesitate to contact us at [Phone Number] or [Email Address]. We look forward to providing you with excellent care!

Best Regards,

[Your Name]

[Your Title]

[Practice Name]