July 16, 2024 [date code for templates]

[Recipient full name]
[Recipient Title]
[Recipient Street address]
[Recipient City, Province two (2) uppercase characters, Postal Code]

Dear Recipient’s Prefix and Last Name, Suffix],

Welcome to the Care and Careful Medical Clinic. We are pleased to have you as a new patient, and we are honoured that you have selected our clinic to support your healthcare needs.

Here are some useful points regarding our clinic.

**Services:**

[create a list of services offered]

**Hours of Operation:**

[Create a table listing the hours of operation]

**Parking:**

[Indicate where to find, and the cost of parking]

**Rescheduling or Cancelling Appointments:**

Please let us know at least 48 hours ahead if you need to cancel an appointment, if possible.

Please reschedule by calling us at [telephone number] or emailing us at [email address]. If you are emailing, please include this in the Subject Line: Rescheduling/Cancelling appointment

**Missed Appointments:**

The clinic will apply a fee of $50 for missed appointments, without prior 48-hour notice.

We look forward to seeing you for your [first appointment date or next appointment].

Kind Regards, [closing of your choice]
[space for signatory to provide an encrypted signature or a manual signature]

Dr.
Clinic Manager

[Signatories initials uppercase]/[your initials lower case]