

[Clinic Name]  
[Clinic Address]  
[Phone Number]

[Date]

Subject: Reminder - Chronic Pain Rehabilitation Appointment

Dear [Patient Name],

This is a reminder of your upcoming physical therapy session for chronic pain management.

**Appointment Details:**

Date: [Appointment Date]

Time: [Appointment Time]

Therapist: [Therapist Name]

Please remember to:

- Wear comfortable, loose-fitting clothing.
- Arrive 10 minutes early if you have updated medical information.
- Bring a list of any changes to your medications or pain levels.

Consistent attendance is a vital part of your rehabilitation and long-term pain relief. If you need to reschedule, please contact us at least 24 hours in advance at [Phone Number].

We look forward to seeing you and supporting your recovery.

Sincerely,

[Clinic Name/Staff Name]