

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic/Facility Name]. We are pleased that you have chosen us to assist you with your sports medicine rehabilitation and recovery goals.

Our team of specialists is dedicated to providing you with a personalized treatment plan designed to restore your strength, mobility, and performance. Whether you are recovering from surgery or managing a sports-related injury, our goal is to help you return to your peak physical activity safely and efficiently.

Your First Appointment:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Provider Name]

What to Bring:

- Comfortable athletic clothing and footwear.
- Your insurance card and a valid photo ID.
- Any recent X-rays, MRI reports, or surgical notes related to your injury.
- A list of current medications.

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule or cancel, we kindly ask for [Number] hours' notice.

We look forward to working with you and supporting your journey back to the game.

Sincerely,

[Provider/Manager Name]

[Clinic Name]

[Phone Number]

[Website]