

Date: [Date]

[Athlete Name]  
[Team/Organization]  
[Address]

Dear [Athlete Name],

Welcome to [Clinic Name]. We are honored that you and your medical staff have selected us to manage your rehabilitation and return-to-performance program.

Our objective is to provide an elite environment focused on precision recovery. Your dedicated team will include [Lead Physical Therapist/Doctor Name] and [Strength Coach Name], who will work in direct communication with your team organization to ensure a seamless transition back to competition.

**Your Initial Evaluation:**

- Date: [Date]
- Time: [Time]
- Location: [Facility/Room Number]

Please bring your most recent imaging (MRI/CT), surgical reports, and current team training protocols. We have also attached your personalized access credentials for our facility and private training areas.

We are committed to your recovery and look forward to helping you reach peak performance.

Sincerely,

[Signature]  
[Name]  
[Title]  
[Clinic Name]