

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name] Physical Therapy and Sports Rehabilitation. We are pleased that you have chosen us to assist you in your recovery and performance goals.

Our team is dedicated to providing personalized care to help you reduce pain, improve mobility, and return to the activities you love. During your first visit, we will conduct a comprehensive evaluation to develop a treatment plan tailored specifically to your needs.

Appointment Details:

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

What to Bring:

- Photo ID and Insurance Card
- Referral or Prescription (if applicable)
- Comfortable athletic clothing and sneakers
- Completed intake forms (attached or available on our website)

Please arrive 15 minutes early to finalize your registration. If you need to reschedule, please provide us with at least 24 hours' notice to avoid a cancellation fee.

We look forward to helping you reach your full potential.

Sincerely,

[Your Name/Clinical Director]

[Practice Name]

[Phone Number]

[Website]