

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic/Facility Name]. We are pleased to partner with you in your recovery and long-term athletic performance. We understand that managing a chronic injury requires patience, and we are committed to helping you return to your sport safely and effectively.

Your rehabilitation program will focus on:

- Identifying the root cause of your persistent injury.
- Correcting biomechanical imbalances.
- Gradual strength and mobility progression.
- Sport-specific functional training.

Your First Appointment:

Date: [Date]

Time: [Time]

Provider: [Provider Name]

Please bring any previous imaging reports (MRI, X-ray), a list of current medications, and wear comfortable athletic clothing for your evaluation.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address]. We look forward to working with you.

Sincerely,

[Your Name/Signature]

[Title]

[Clinic Name]