[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Facility Name]'s Orthopedic Rehabilitation Program. We are pleased that you and your surgical team have chosen us to assist in your recovery following your upcoming [Type of Surgery] scheduled for [Date of Surgery].

Our goal is to help you regain your strength, mobility, and independence as safely and quickly as possible. To ensure a smooth transition into our rehabilitation program, please take note of the following information:

- **Pre-Surgical Assessment:** Your initial evaluation is scheduled for [Date] at [Time]. Please bring a list of your current medications and any specific post-operative protocols provided by your surgeon.
- **What to Bring:** Please wear comfortable, loose-fitting clothing and sturdy, non-slip athletic shoes for your therapy sessions.
- **Your Care Team:** You will be working with a dedicated team of physical therapists, occupational therapists, and orthopedic specialists who will design a personalized recovery plan tailored to your specific goals.
- **Arrival Instructions:** Please check in at the [Department/Building Name] at least 15 minutes prior to your appointment.

We understand that surgery and recovery can be a challenging process. Our team is committed to providing you with the highest quality care and support every step of the way.

If you have any questions or need to reschedule your pre-operative assessment, please contact our office at [Phone Number] or [Email Address].

We look forward to working with you and wishing you a successful surgery.

Sincerely,

[Name of Director/Lead Therapist]
[Title]
[Facility Name]