

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to the [Center Name] Cardiac Rehabilitation Program. We are pleased that you and your physician have chosen us to assist in your recovery and heart health journey.

Our program is designed to help you strengthen your heart, improve your physical fitness, and provide education on heart-healthy living. Our team of specialists will work closely with you to create a personalized plan tailored to your specific needs.

**Your First Appointment:**

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Department/Room Number]

Please remember to wear comfortable clothing and athletic shoes for your sessions. If you need to reschedule or have any questions, please call us at [Phone Number].

We look forward to supporting you in achieving your health goals.

Sincerely,

[Your Name/Signature]

[Title]

[Center Name]