

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Welcome to [Practice Name]

Dear [Patient Name],

Thank you for choosing [Practice Name] for your mental health care. We are committed to providing you with comprehensive and compassionate psychiatric services tailored to your individual needs.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Provider Name]

To ensure a smooth first visit, please note the following:

- **Forms:** Please complete the enclosed intake forms and bring them with you, or submit them via our online portal.
- **Documentation:** Bring a valid photo ID, your insurance card, and a list of all current medications.
- **Arrival:** Please arrive 15 minutes early to finalize your registration.

Our Services Include:

- Diagnostic Psychiatric Evaluations
- Medication Management
- Individual Psychotherapy
- Personalized Treatment Planning

Cancellation Policy:

If you need to reschedule or cancel your appointment, please provide at least 24 hours' notice to avoid a cancellation fee.

We look forward to partnering with you on your journey toward wellness. If you have any questions before your visit, please call us at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Your Name/Practice Manager]
[Practice Name]
[Contact Information]