

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our clinic for your mental health care. Our team is committed to providing you with a supportive and professional environment.

Your first appointment is scheduled for:

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

Please arrive 15 minutes early to complete any remaining registration forms. Remember to bring the following items to your first visit:

- A valid photo ID
- Your insurance card
- A list of current medications and dosages
- Any previous psychiatric records or referral forms

**Cancellation Policy:** If you need to reschedule or cancel your appointment, please notify us at least 24 hours in advance to avoid a cancellation fee.

If you have any questions before your visit, please call our office at [Phone Number] or visit our website at [Website URL].

We look forward to meeting you and supporting your journey toward wellness.

Sincerely,

[Your Name/Signature]

[Title]

[Clinic Name]