

[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen us to support your mental wellness journey. Our team is committed to providing you with a safe, supportive, and confidential environment.

Your First Appointment

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Provider Name]

Important Information:

- **Forms:** Please complete the attached intake forms and bring them to your first visit.
- **Arrival:** We ask that you arrive 15 minutes early to finalize your registration.
- **Cancellation Policy:** If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.
- **What to Bring:** Please bring your photo ID and your current insurance card.

Our Location:

[Practice Address]

[City, State, Zip Code]

[Phone Number]

If you have any questions before your appointment, please feel free to contact our office at [Phone Number] or [Email Address].

We look forward to meeting you and working together toward your wellness goals.

Sincerely,

[Your Name/Practice Manager]

[Practice Name]