

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice/Clinic Name]. We are pleased that you have chosen our facility for your outpatient psychiatric care. Our team is committed to providing you with professional and compassionate mental health services.

Your first appointment is scheduled for:

**Date:** [Date of Appointment]

**Time:** [Time of Appointment]

**Provider:** [Provider Name]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring your photo ID, insurance card, and a list of any current medications you are taking.

**Important Information:**

- **Location:** [Office Address/Suite Number]
- **Cancellations:** Please provide at least 24 hours' notice if you need to reschedule to avoid a cancellation fee.
- **Emergencies:** If you experience a mental health emergency before your appointment, please call 988 or go to the nearest emergency room.

We look forward to meeting you and supporting your mental wellness journey. If you have any questions, please call our office at [Phone Number].

Sincerely,

[Staff Name/Title]

[Practice/Clinic Name]