

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us to assist you with your spinal health and alignment goals.

Our mission is to provide personalized care to help improve your mobility and overall quality of life. Your first appointment is scheduled for:

Date: [Appointment Date]

Time: [Appointment Time]

Provider: [Doctor Name]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring your photo ID, insurance card, and any recent X-rays or imaging reports related to your spine.

If you need to reschedule, please provide us with 24 hours' notice by calling [Phone Number].

We look forward to meeting you and helping you achieve a healthier spine.

Sincerely,

[Your Name/Signature]

[Title]

[Clinic Name]

[Clinic Website]