

[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 chiropractic care. Our goal is to provide you with personalized treatment to help you achieve optimal health and wellness.

Your first appointment is scheduled for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Doctor Name]

To make your first visit as smooth as possible, please remember to bring the following:

- Completed new patient forms (attached or available on our website)
- Photo identification
- Insurance card (if applicable)
- Any recent X-rays or MRI reports related to your condition

Please arrive 15 minutes early to finalize your registration. During this initial visit, we will perform a comprehensive evaluation and discuss a customized treatment plan tailored to your specific needs.

If you need to reschedule or have any questions, please call us at [Phone Number] or email us at [Email Address].

We look forward to meeting you and supporting your journey to better health.

Sincerely,

[Doctor/Manager Name]

[Clinic Name]

[Clinic Phone Number]

[Clinic Website]