

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

# Welcome to [Practice Name] Spinal Health and Wellness

Dear [Patient Name],

Welcome to our practice. We are pleased that you have chosen us to support your journey toward better spinal health and overall wellness. Our goal is to provide you with personalized care that helps you move better and feel your best.

## Your First Appointment

Date: [Appointment Date]

Time: [Appointment Time]

Provider: [Doctor/Practitioner Name]

## What to Bring:

- Completed intake forms (attached or available on our website)
- Your insurance card and a valid photo ID
- Any recent X-rays, MRIs, or medical reports related to your spine
- A list of current medications and supplements

## What to Expect:

During your initial visit, we will perform a comprehensive spinal evaluation, discuss your health history, and create a customized wellness plan tailored to your specific needs. Please wear comfortable clothing that allows for ease of movement.

## Location and Parking:

We are located at [Office Address]. Parking is available [mention parking details, e.g., in the front lot/garage].

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

We look forward to meeting you and helping you achieve your health goals.

Sincerely,

[Doctor/Manager Name]

[Practice Name]

[Website URL]