

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]! We are pleased that you have chosen us for your spinal health and therapy needs. Our team is dedicated to helping you achieve better mobility and a pain-free lifestyle.

Your first appointment is scheduled for:

**Date:** [Date of Appointment]

**Time:** [Time of Appointment]

**Provider:** [Provider Name]

To ensure your first visit goes smoothly, please remember the following:

- Arrive 15 minutes early to complete any remaining paperwork.
- Bring your photo ID and insurance card.
- Bring any recent X-rays, MRI reports, or medical records related to your spinal health.
- Wear comfortable, loose-fitting clothing that allows for easy movement.

During your initial evaluation, we will review your medical history, perform a physical examination, and discuss a personalized treatment plan tailored to your specific goals.

If you need to reschedule or cancel your appointment, please provide us with at least 24 hours' notice. You can reach us at [Phone Number] or [Email Address].

We look forward to meeting you and supporting your journey to recovery.

Sincerely,

The Team at [Clinic Name]

[Clinic Address]

[Website URL]