

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Welcome to [Practice Name]

Dear [Patient Name],

Welcome to our clinic. We are honored that you have chosen us for your advanced chiropractic spinal care. Our mission is to provide you with the most sophisticated spinal treatments to help you achieve optimal health and mobility.

Your first appointment is scheduled for:

Date: [Appointment Date]

Time: [Appointment Time]

During your initial visit, our clinical team will perform a comprehensive spinal evaluation. This may include digital imaging, posture analysis, and neurological testing to develop a customized treatment plan tailored specifically to your needs.

What to bring to your first visit:

- Completed new patient intake forms
- Identification and insurance cards
- Any recent X-rays or MRI reports
- Comfortable clothing for movement

If you need to reschedule, please provide at least 24 hours' notice. If you have any questions before your arrival, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to helping you reach your wellness goals.

Sincerely,

[Doctor Name], D.C.

[Practice Name]

[Phone Number]