[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Website Address]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us to assist in the management of your chronic pain. Our multidisciplinary team is committed to providing a comprehensive approach to help improve your function and quality of life.

Your initial consultation is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Provider Name]

To prepare for your first visit, please complete the following:

- Arrive 20 minutes early to complete check-in procedures.
- Bring your government-issued photo ID and current insurance cards.
- Bring a complete list of all current medications, including dosages.
- Bring any recent imaging reports (MRI, CT, X-ray) or medical records related to your pain.
- Complete the enclosed New Patient Intake Packet and Pain Assessment forms.

Important Clinic Policies:

- **Cancellation Policy:** Please provide at least 24 hours' notice if you need to reschedule, or a cancellation fee may apply.
- **Medication Policy:** We do not provide prescriptions for controlled substances on the first visit. A thorough evaluation and review of your medical history are required first.
- **Co-pays:** All insurance co-payments are due at the time of service.

We look forward to meeting you and working together on your personalized treatment plan. If you have any questions before your appointment, please call us at [Phone Number].

Sincerely,

The Staff at [Clinic Name]