[Clinic Name]

[Clinic Address]
[City, State, Zip Code]
[Phone Number] | [Email Address]

Date: [Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to partner with you in your journey toward managing chronic pain and improving your quality of life.

Our clinic takes a holistic approach to pain management. This means we look beyond symptoms to address the physical, emotional, and lifestyle factors contributing to your well-being. Our goal is to provide you with a comprehensive, personalized care plan that integrates traditional medical treatments with complementary therapies.

Your First Appointment

Your initial consultation is scheduled for:

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

What to Bring

To ensure a productive first visit, please bring the following:

- A photo ID and your insurance card.
- Any recent imaging reports (MRI, X-ray, CT scans).
- A list of all current medications and supplements.
- Completed new patient intake forms (attached to this letter).

Our Commitment to You

During your first visit, we will conduct a thorough assessment, discuss your medical history, and begin drafting a multimodal treatment plan which may include physical therapy, nutritional counseling, stress management techniques, and non-opioid pain interventions.

If you need to reschedule or cancel your appointment, please provide at least 24 hours' notice to avoid a cancellation fee.

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

Sincerely,

[Provider or Office Manager Name]
[Clinic Name] Team

Confidentiality Notice: This letter is intended only for the person to whom it is addressed.