[Clinic Name]
[Clinic Address]
[Phone Number]
[Email/Website]

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen our multidisciplinary team to assist you in managing your chronic pain and improving your quality of life.

Our approach combines various specialties, including medical management, physical therapy, and psychological support, to create a personalized treatment plan tailored to your specific needs.

Your First Appointment Details:

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

Please bring the following to your appointment:

- Completed New Patient Intake Forms (attached).
- A valid photo ID and your insurance card.
- A list of all current medications, including dosages.
- Any recent imaging reports (X-rays, MRIs) or relevant medical records.

What to Expect:
During your initial evaluation, our specialists will review your medical history, perform a physical examination, and discuss your goals. This comprehensive assessment may take up to [Number] minutes.

Cancellation Policy:
If you need to reschedule, please provide at least [Number] hours' notice to avoid a cancellation fee.

We look forward to partnering with you on your journey toward better pain management.

Sincerely,

The Team at [Clinic Name]