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

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen our interventional chronic pain management clinic for your care. Our goal is to help you reduce your pain and improve your quality of life through advanced, minimally invasive procedures.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Physician/Provider Name]

To ensure a smooth first visit, please bring the following items with you:

- A valid government-issued photo ID.
- Your current health insurance card(s).
- A complete list of all current medications and dosages.
- Copies of any recent imaging reports (MRI, CT, X-ray) related to your pain.
- Completed new patient intake forms (attached to this letter).

During this initial evaluation, we will review your medical history, perform a physical exam, and discuss potential interventional treatment options such as injections, nerve blocks, or spinal cord stimulation.

Please arrive [15/30] minutes early to complete the registration process. If you need to reschedule or cancel, please provide at least [24/48] hours' notice to avoid a cancellation fee.

We look forward to meeting you and working together on your pain management journey.

Sincerely,

The Staff at [Clinic Name]