[Date]

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

Welcome to [Clinic Name]

Dear [Patient Name] and Family,

Welcome to the [Clinic Name] Pediatric Chronic Pain Management program. We understand that living with chronic pain is challenging, and we are committed to working with your family to improve your child's quality of life and daily functioning.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Provider Name]
- **Location:** [Full Clinic Address/Suite Number]

What to Expect

Our clinic uses a multidisciplinary approach. Your initial evaluation may last between [Number] and [Number] hours. During this visit, you may meet with several specialists, including physicians, physical therapists, and psychologists, to create a personalized treatment plan.

What to Bring

- Completed new patient intake forms (attached).
- Copies of recent imaging (MRI, X-ray, CT scans) on a CD or via portal.
- A current list of all medications and dosages.
- Insurance card and photo ID.
- Comfortable clothing for a physical examination.

Important Policies

Please arrive 15 minutes early to complete the registration process. If you need to cancel or reschedule, we require at least [Number] hours' notice. Failure to do so may result in a cancellation fee.

We look forward to meeting you and supporting your journey toward wellness.

Sincerely,

[Staff Name/Department]
[Clinic Name]
[Phone Number]
[Clinic Website]