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

[Date]

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

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to our clinic. We are committed to helping you manage your chronic pain and improving your quality of life through advanced medical treatments and personalized care plans.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Physician/Specialist Name]

To ensure a thorough evaluation, please bring the following items to your visit:

- Photo ID and insurance cards.
- A list of all current medications (including dosages).
- Relevant medical records, X-rays, or MRI reports.
- Completed new patient intake forms (attached).

Clinic Policies:

Please arrive 15 minutes early to complete any remaining paperwork. If you need to cancel or reschedule, we require at least 24 hours' notice to avoid a cancellation fee.

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

Sincerely,

[Staff Name/Signature]
[Title]
[Clinic Name]