[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen our integrated chronic pain management program for your care. Our goal is to improve your quality of life through a comprehensive approach that combines medical treatment, physical therapy, and psychological support.

Your First Appointment:

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

What to Bring:

- Photo ID and Insurance Card.
- A list of all current medications and dosages.
- Any recent imaging reports (X-rays, MRIs, or CT scans) related to your pain.
- Completed New Patient Intake forms (enclosed).

Important Information:

Please arrive 15 minutes early to finalize your registration. If you need to cancel or reschedule, we require at least 24 hours' notice to avoid a cancellation fee.

We look forward to working with you to develop a personalized pain management plan. If you have any questions before your visit, please call us at [Phone Number].

Sincerely,

[Staff Name/Clinic Manager]
[Clinic Name]
[Website URL]