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

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us to assist you in managing your chronic pain. Our goal is to work with you to improve your quality of life and restore your functional abilities through a comprehensive treatment plan.

Your First Appointment

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

What to Bring

- Photo ID and Insurance Card(s).
- Your completed New Patient Intake Packet.
- A list of all current medications, including dosages.
- Copies of recent imaging (MRI, X-ray, CT) and relevant medical records.
- Required co-pay or deductible payment.

Clinic Policies

- **Arrival:** Please arrive 15 minutes before your scheduled time to complete the registration process.
- **Cancellations:** If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.
- **Medications:** Please note that we do not provide prescriptions for controlled substances during the initial evaluation.

We look forward to meeting you and helping you reach your health goals. If you have any questions, please call our office at [Phone Number].

Sincerely,

[Provider or Practice Manager Name]
[Clinic Name]