[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen our telehealth practice for your chronic pain management needs. Our goal is to improve your quality of life through comprehensive, virtual care.

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

How to Connect
Ten minutes before your scheduled time, please click the following secure link: [Insert Link]. Ensure you are in a quiet, private space with a stable internet connection.

Preparation Checklist

- Complete the digital intake forms sent to your email.
- Have a list of all current medications and dosages ready.
- Have your recent imaging reports (MRI, X-ray) or medical records available.
- Ensure your camera and microphone are working.

Important Clinic Policies

- **Cancellations:** Please provide at least 24 hours' notice if you need to reschedule.
- **Prescriptions:** Medication refills require a scheduled video visit. We do not process refills after hours or on weekends.
- **Privacy:** We use a HIPAA-compliant platform to ensure your health information remains secure.

If you have any questions or technical difficulties, please call our office at [Phone Number] or email us at [Email Address].

We look forward to meeting you virtually and helping you manage your pain.

Sincerely,

[Provider or Practice Manager Name]
[Clinic Name]