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

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to partner with you in your journey toward healing and improved quality of life. Our clinic specializes in regenerative medicine, focusing on innovative treatments designed to address the root causes of chronic pain and promote natural tissue repair.

Your first appointment is scheduled for:

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

What to Expect at Your First Visit:
During your initial consultation, we will perform a comprehensive evaluation of your medical history, current pain levels, and functional goals. We will discuss regenerative options such as [List Services, e.g., PRP, Stem Cell Therapy, or Prolotherapy] to create a personalized recovery plan tailored to your needs.

Please Prepare the Following:

- Complete the enclosed new patient intake forms (or via our online portal).
- Bring a list of all current medications and supplements.
- Provide copies of recent imaging reports (MRI, X-ray, or CT scans) related to your condition.
- Bring your insurance card and a valid photo ID.

Clinic Policies:
If you need to reschedule or cancel, please provide at least 24 hours' notice to avoid a cancellation fee. We strive to stay on schedule and ask that you arrive 15 minutes early to finalize your registration.

We look forward to helping you reclaim your mobility and live a life with less pain.

Sincerely,

[Sender Name/Signature]
[Title]
[Clinic Name]