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

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our clinic to assist you in managing your chronic pain through our alternative and integrative therapies.

Our goal is to provide you with a holistic approach to pain management that focuses on improving your quality of life and functional mobility. We look forward to working closely with you to develop a personalized treatment plan tailored to your specific needs.

Your First Appointment:

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

What to Bring to Your First Visit:

- A valid photo ID and insurance card (if applicable).
- A list of all current medications and supplements.
- Any recent imaging reports (X-rays, MRIs) or relevant medical records.
- Completed new patient intake forms (attached or available on our website).

Important Information:

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

We are committed to supporting you on your journey toward better health and comfort. If you have any questions prior to your visit, please do not hesitate to contact our office.

Sincerely,

[Sender Name]
[Sender Title]
[Clinic Name]