[Date]

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

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to the [Clinic Name] Post-Surgical Chronic Pain Management program. We are committed to helping you manage your recovery and improve your quality of life following your procedure.

Your first appointment is scheduled for:

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

What to Bring to Your First Appointment:

- A list of all current medications and dosages.
- Copies of recent imaging (X-rays, MRI, CT scans) related to your surgery.
- Surgical reports or discharge summaries from your surgeon.
- Your insurance card and a valid photo ID.
- Completed new patient intake forms (enclosed).

What to Expect:
During your initial evaluation, our specialists will review your surgical history, perform a physical examination, and discuss your specific pain symptoms. Together, we will develop a personalized treatment plan which may include physical therapy, medication management, or specialized interventional procedures.

If you need to reschedule or cancel, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to partnering with you in your recovery.

Sincerely,

[Clinic Director/Doctor Name]
[Clinic Name]
[Phone Number]
[Website]