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

[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us to help manage your chronic neuropathy pain. Our goal is to provide a comprehensive approach to reduce your discomfort and improve your quality of life.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Physician/Specialist Name]

To ensure your first visit is productive, please bring the following items:

- Completed new patient intake forms.
- Current insurance card and photo identification.
- A list of all current medications, including dosages.
- Copies of any recent imaging (MRI, CT scans) or EMG/nerve conduction study results.
- A list of previous pain treatments or therapies you have tried.

Please arrive 15 minutes before your scheduled time to complete the registration process. If you need to reschedule, we kindly ask for 24 hours' notice.

We look forward to meeting you and working together on your pain management plan.

Sincerely,

[Doctor Name or Clinic Manager]
[Clinic Name]