[Date]

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

Welcome to [Clinic Name] Orthopedic Chronic Pain Management

Dear [Patient Name],

Welcome to our clinic. We are committed to helping you manage your orthopedic pain and improving your quality of life. Our team of specialists is looking forward to meeting you and developing a personalized treatment plan.

Your First Appointment:

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

What to Bring to Your Appointment:

- Photo ID and Insurance Card(s).
- A list of all current medications and dosages.
- Recent X-rays, MRI reports, or other relevant medical records.
- Completed new patient forms (enclosed or available online).

Important Information:

Please arrive 15 minutes early to complete the check-in process. If you need to cancel or reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.

Our goal is to provide you with compassionate care and effective solutions for your chronic pain. If you have any questions before your visit, please call us at [Phone Number].

Sincerely,

[Clinic Name] Staff
[Clinic Address]
[Clinic Phone Number]
[Clinic Website]