[Clinic Name]
[Clinic Address]
[Phone Number]
[Email/Website]

[Date]

[Patient Name]
[Patient Address]

Dear [Patient Name],

Welcome to [Clinic Name]. We specialize in geriatric chronic pain management and are committed to helping you improve your quality of life and mobility.

Your first appointment is scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Doctor/Provider Name]

Please arrive 15 minutes early to complete your registration. To make the most of your visit, please bring the following items:

- A photo ID and your insurance cards.
- A list of all current medications, vitamins, and supplements.
- Any recent X-rays, MRI reports, or relevant medical records.
- A list of your primary concerns and goals for pain management.

Our approach focuses on safe, multi-disciplinary care tailored specifically for older adults. During your first visit, we will conduct a comprehensive evaluation to develop a personalized treatment plan.

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

We look forward to meeting you and supporting your health journey.

Sincerely,

[Provider or Clinic Manager Name]
[Clinic Name]