[Date]

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

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to **[Clinic Name]**. We are pleased that you have chosen us for your physical therapy needs. Our goal is to provide you with personalized care to help you reach your physical goals and improve your quality of life.

Your First Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Physical Therapist:** [Therapist Name]

What to Bring:

- A valid photo ID and your insurance card.
- Your physician's referral or prescription (if applicable).
- Comfortable, loose-fitting clothing and athletic shoes.
- A list of any current medications you are taking.

Important Information:

Please arrive 15 minutes early to complete any necessary paperwork. If you need to cancel or reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.

We look forward to meeting you and helping you on your journey to recovery.

Sincerely,

[Your Name/Clinic Director]
[Clinic Name]
[Phone Number]
[Website URL]