[Date]

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

Dear [Patient Name],

Welcome to [Rehabilitation Center Name]. We are pleased that you have chosen us to assist you with your recovery and rehabilitation goals. Our team of dedicated professionals is committed to providing you with personalized care to help you regain your strength and independence.

Your first appointment is scheduled for:

- **Date:** [Date of First Visit]
- **Time:** [Time]
- **Provider:** [Therapist Name/Specialty]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring the following items to your first session:

- Photo ID and Insurance Card
- Your physician's referral/prescription
- A list of current medications
- Comfortable clothing and athletic shoes

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

We look forward to working with you and supporting your journey to health.

Sincerely,

[Staff Name/Administrator]
[Rehabilitation Center Name]
[Phone Number]
[Website]