[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]! We are pleased that you have chosen us to assist you with your orthopedic recovery and physical therapy needs.

Our goal is to help you reduce pain, improve mobility, and return to your daily activities as safely and quickly as possible. During your first visit, your physical therapist will perform a comprehensive evaluation to create a personalized treatment plan tailored to your specific goals.

Your First Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Address/Suite Number]
- **Provider:** [Therapist Name]

What to Bring:

- Your photo ID and insurance card.
- Your physician's referral (if applicable).
- Comfortable clothing and athletic shoes that allow for movement.
- A list of any current medications.

Please arrive 15 minutes early to complete any necessary paperwork, or you can find our digital intake forms at [Website Link].

If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee. If you have any questions, feel free to call us at [Phone Number].

We look forward to working with you on your journey to recovery.

Sincerely,

[Your Name/Clinic Manager]
[Clinic Name]
[Phone Number]
[Website]