[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name] Sports Medicine & Physical Therapy. We are honored that you have chosen us to assist you in your recovery and athletic performance goals.

Our team is dedicated to providing specialized care tailored to your specific injury and sport-related needs. Our goal is not just to treat your symptoms, but to address the root cause of your injury and help you return to your peak performance safely and efficiently.

What to Expect During Your First Visit:

- A comprehensive evaluation of your injury and movement patterns.
- A discussion regarding your athletic goals and timeline.
- The development of a personalized treatment and rehabilitation plan.
- Initial therapeutic exercises or manual therapy.

Appointment Details:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Physical Therapist Name]

Please arrive 15 minutes early to complete any necessary paperwork. We recommend wearing comfortable athletic clothing and the footwear you typically use for your sport.

If you need to reschedule, please provide at least 24 hours' notice. If you have any questions prior to your visit, feel free to contact us at [Phone Number] or [Email Address].

We look forward to helping you get back in the game!

Sincerely,

[Your Name/Clinical Director]
[Clinic Name]
[Website]