[Date]

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

Welcome to [Center Name] Aquatic Therapy

Dear [Patient Name],

Welcome to [Center Name]. We are pleased that you have chosen our aquatic therapy program to assist with your rehabilitation and wellness goals. Our facility is dedicated to providing a safe, supportive, and healing environment through the therapeutic benefits of water.

Your first appointment is scheduled for:

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

What to Bring:

- A comfortable swimsuit or clean athletic wear.
- A towel and personal toiletries for showering.
- Water shoes or clean sandals for the pool deck.
- A lock for your assigned locker.

Important Reminders:

Please arrive 15 minutes early to complete any remaining paperwork and to change. We require all patients to shower briefly before entering the pool to maintain water quality. If you have any open wounds, skin infections, or are feeling unwell, please contact us to reschedule your session.

If you have any questions or need to change your appointment, please call us at [Phone Number] or email [Email Address].

We look forward to working with you.

Sincerely,

[Your Name/Director Name]
[Title]
[Center Name]