[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To [Patient Name],

Welcome to Our Neurological Rehabilitation Program

We are pleased to welcome you to [Clinic Name]. Our team is committed to helping you improve your functional abilities and quality of life through specialized neurological rehabilitation.

Your First Appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Clinician Name]

What to Bring:

- Photo ID and insurance card.
- A list of current medications.
- Recent medical records or imaging related to your condition.
- Comfortable clothing and supportive athletic shoes.

What to Expect:
Your initial evaluation will last approximately [Number] minutes. Your therapist will review your medical history, perform a physical assessment, and work with you to establish personalized recovery goals.

Cancellation Policy:
If you need to reschedule, please provide at least [Number] hours' notice so we may offer the time to another patient.

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

Sincerely,

[Sender Name]
[Title]
[Clinic Name]