[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased you have chosen us to partner with you in managing your chronic pain through physical therapy.

Our goal is to help you improve your functional mobility, increase your strength, and provide you with the tools necessary to better manage your pain on a daily basis. During your first visit, we will perform a comprehensive evaluation to create a personalized treatment plan tailored to your specific needs and goals.

Your First Appointment:

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

What to Bring:

- Your completed intake forms (attached).
- A list of current medications and previous imaging reports (MRI, X-ray).
- Comfortable clothing and athletic shoes.
- Insurance card and photo ID.

We understand that living with chronic pain is challenging. Our team is committed to providing a supportive environment where you feel heard and empowered. If you need to reschedule or have any questions before your arrival, please call us at [Phone Number].

We look forward to working with you.

Sincerely,

[Your Name/Clinic Director]
[Clinic Name]
[Contact Information]