[Date]

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

Dear [Patient Name],

Welcome to [Auto Injury Recovery Center Name]. We are honored that you have chosen us to assist in your recovery following your recent motor vehicle accident.

Our goal is to provide you with comprehensive care and a personalized treatment plan to help you regain your health and mobility. During your time with us, our team of specialists will work closely with you to manage your pain and support your long-term rehabilitation.

Your First Steps:

- **Initial Assessment:** If you haven't already, we will complete a full evaluation of your injuries.
- **Treatment Plan:** We will discuss a schedule for therapy, chiropractic care, or medical consultations.
- **Documentation:** We will maintain detailed records of your progress for your insurance or legal requirements.

What to Bring to Your Appointments:

- A valid photo ID
- Auto insurance information and claim number
- Any recent X-rays or MRI reports
- A list of current medications

If you have any questions regarding your treatment or insurance coverage, please do not hesitate to contact our office at [Phone Number] or via email at [Email Address].

We look forward to helping you on your journey to recovery.

Sincerely,

[Provider Name/Administrator Name]
[Auto Injury Recovery Center Name]
[Office Phone Number]