[Date]

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

Re: Welcome to [Clinic Name]
Claim Number: [Claim Number]
Date of Injury: [Date of Injury]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased to assist you with your physical therapy and recovery following your work-related injury. Our goal is to help you reduce pain, regain mobility, and safely return to your regular activities.

Your first appointment is scheduled for:

Date: [Date]
Time: [Time]
Location: [Clinic Address]

Please bring the following items to your first visit:

- A valid photo ID.
- Your insurance or workers' compensation claim information.
- A list of any current medications.
- Comfortable clothing and athletic shoes.

Important Information Regarding Your Claim:

As this is a workers' compensation case, we will maintain regular communication with your physician, your claims adjuster, and your employer regarding your progress. Please notify us immediately if there are any changes to your claim status or if you receive new instructions from your doctor.

If you need to reschedule or have any questions, please call us at [Phone Number] at least 24 hours in advance.

We look forward to working with you on your recovery.

Sincerely,

[Provider Name/Clinic Manager]
[Clinic Name]