[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us for your vestibular rehabilitation and balance needs. Our goal is to help you reduce dizziness, improve your stability, and return to your daily activities with confidence.

Your First Appointment

Your initial evaluation is scheduled for:

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

What to Expect

During your first visit, a specialized therapist will perform a comprehensive assessment of your balance, gait, and eye movements. This evaluation will help us create a customized treatment plan tailored to your specific symptoms.

How to Prepare

- Please arrive 15 minutes early to complete any remaining paperwork.
- Wear comfortable clothing and flat, supportive athletic shoes.
- Bring a list of your current medications and any relevant medical reports.
- If you experience significant dizziness, we recommend arranging for a driver for your first session.

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

We look forward to working with you.

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]