Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen us to help you improve your sleep quality and overall well-being. Our team of specialists is dedicated to providing you with effective, evidence-based treatments for insomnia.

Your First Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Provider Name]
- **Location:** [Full Address/Virtual Link]

What to Prepare:

To make the most of your first consultation, please complete the attached sleep diary for the next [Number] days and bring any current medications or supplements you are taking.

What to Expect:

During your initial evaluation, we will review your medical history, discuss your sleep patterns, and begin developing a personalized treatment plan tailored to your specific needs.

If you need to reschedule or have any questions, please contact our office at [Phone Number] or [Email Address].

We look forward to helping you achieve a better night's rest.

Sincerely,

[Your Name/Signature]
[Your Title]
[Clinic Name]