[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to support you on your journey toward recovery. Our team is committed to providing you with a safe, confidential, and supportive environment as you take this important step.

Your first appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Provider Name]

Please arrive 15 minutes early to complete any remaining paperwork. Remember to bring the following items to your first visit:

- Photo ID
- Insurance card (if applicable)
- List of current medications
- Completed intake forms (if sent previously)

What to expect during your first visit: You will meet with a counselor or medical professional for an initial assessment. This helps us create a personalized treatment plan tailored to your specific needs and goals.

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

We look forward to meeting you and working together toward your health and wellness.

Sincerely,

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