[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 and wellness.

Our team is committed to providing you with a safe, supportive, and confidential environment. We believe that recovery is possible for everyone, and we are here to provide the tools and care necessary for your success.

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 your photo ID, insurance card, and any current medications you are taking.

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

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

Sincerely,

[Staff Name/Signature]
[Title]
[Clinic Name]