[Date]

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

Dear [Patient Name],

Welcome to Path To Recovery. We are honored that you have chosen us to support you on your journey toward wellness and healing. Our dedicated team is committed to providing you with compassionate, professional care tailored to your unique needs.

Your first appointment is scheduled for:

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

To ensure your first visit goes smoothly, please remember to bring the following:

- Photo identification
- Insurance card (if applicable)
- A list of current medications
- Completed intake forms (attached or available on our website)

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

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

Sincerely,

[Staff Name/Administrator]
Path To Recovery
[Office Address]
[Website URL]