[Date]

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

Dear [Patient Name],

Welcome to [Treatment Center Name]. We are honored that you have chosen us to support you on your journey toward recovery and wellness.

Our goal is to provide you with a safe, supportive, and compassionate environment. We understand that starting this process takes great courage, and our team of professionals is dedicated to helping you every step of the way.

Your intake appointment is scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Facility Address/Wing]

Please remember to bring the following items to your first session:

- Photo ID and insurance card
- A list of current medications
- Completed intake forms (if provided previously)
- [Additional Item]

If you have any questions before your arrival, please call our office at [Phone Number] or email us at [Email Address].

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

Sincerely,

[Staff Name/Director Name]
[Title]
[Treatment Center Name]