[Date]

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

Welcome to Your Journey Begins Recovery Clinic

Dear [Patient Name],

Welcome to Your Journey Begins Recovery Clinic. We are honored that you have chosen us to support you during this pivotal time in your life. Taking the first step toward recovery requires immense courage, and we are committed to walking this path alongside you.

Our goal is to provide a safe, supportive, and compassionate environment where you can focus entirely on your healing. Our dedicated team of professionals is here to ensure you receive the personalized care and tools necessary for long-term success.

Your First Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Location:** [Clinic Address/Suite Number]
- **Provider:** [Provider Name]

What to Bring to Your First Visit:

- A valid photo ID and insurance card.
- A list of any current medications.
- Completed intake forms (attached or available on our portal).

If you have any questions before your arrival, please do not hesitate to contact our office at [Phone Number] or email us at [Email Address].

We look forward to meeting you and supporting your transformation.

Sincerely,

[Signature/Name]
[Title]
Your Journey Begins Recovery Clinic