[Date]

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

Dear [Patient Name],

Welcome to [Recovery Center Name]. We are pleased that you have chosen our facility to support you on your journey toward health and wellness. Our dedicated team is committed to providing you with a safe, supportive, and healing environment.

Your admission is scheduled for:

- **Date:** [Admission Date]
- **Time:** [Arrival Time]
- **Location:** [Specific Building/Check-in Desk]

Upon your arrival, you will meet with our intake specialists to complete your registration and begin your initial assessment. Please remember to bring your photo identification, insurance information, and any current medications in their original packaging.

Attached to this letter, you will find a list of recommended items to bring with you, as well as our facility guidelines to help you prepare for your stay.

If you have any questions or need to reschedule, please contact our admissions office at [Phone Number] or [Email Address].

We look forward to meeting you and assisting you in your recovery.

Sincerely,

[Staff Name/Signature]
[Title]
[Recovery Center Name]