[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

Our records indicate that it has been six months since your last weight management consultation. It is time for your progress review and follow-up appointment.

The purpose of this visit is to:

- Review your current progress and weight goals.
- Discuss any challenges you have encountered.
- Adjust your nutrition or exercise plan if necessary.
- Perform routine health screenings and lab work, if applicable.

Regular follow-ups are essential for maintaining long-term success and monitoring your overall health. We would like to see you within the next two weeks.

Please call our office at [Phone Number] or visit our website at [Website URL] to schedule your appointment. If you have already scheduled this visit, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Signature]
[Practice Name]