

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen our boutique practice for your healthcare needs.

At [Clinic Name], our mission is to provide a highly personalized, executive-level experience. We limit our patient roster to ensure that you receive the time, attention, and comprehensive care you deserve. Your health and privacy are our highest priorities.

As a member of our practice, you now have access to:

- Direct communication with your primary physician.
- Same-day or next-day extended appointments.
- On-site diagnostic services and specialized wellness screenings.
- A dedicated patient coordinator to manage your referrals and records.

Enclosed in this packet, you will find your membership details, our direct contact directory, and a summary of our concierge services. Our Patient Liaison, [Liaison Name], will contact you shortly to schedule your initial comprehensive wellness assessment.

If you have any immediate questions or specific requirements, please do not hesitate to contact my office directly at [Phone Number].

We look forward to partnering with you in your health and longevity.

Sincerely,

[Signature]

[Physician Name, Title]

[Clinic Name]