

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

# Welcome to the Holistic Cardiology Institute

Dear [Patient Name],

Welcome to the Holistic Cardiology Institute. We are honored that you have chosen us to partner with you in managing your cardiovascular health through an integrative and whole-body approach.

Our mission is to combine traditional cardiology with evidence-based nutritional, lifestyle, and wellness strategies. We look forward to helping you achieve optimal heart health and overall vitality.

## Your First Appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Physician/Provider Name]

## Please bring the following to your visit:

- Completed intake and lifestyle forms (attached)
- Current list of medications and supplements
- Recent blood work or cardiac test results
- Identification and insurance information

If you need to reschedule, please provide at least 24 hours' notice. If you have any questions before your visit, feel free to contact us at [Phone Number] or [Email Address].

We look forward to meeting you and supporting your journey to wellness.

Sincerely,

The Staff at Holistic Cardiology Institute

[Website URL]

[Office Address]