

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name] Medical Weight Management Program. We are pleased that you have chosen us to partner with you in achieving your health and wellness goals.

Our program is designed to provide you with a comprehensive, medically supervised approach to weight loss. We focus not only on the scale, but on improving your overall metabolic health and long-term vitality.

Your First Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Provider Name]
- **Location:** [Full Clinic Address]

What to Bring to Your First Visit:

- Completed new patient intake forms
- A list of all current medications and supplements
- Recent lab results (if performed within the last 6 months)
- Your insurance card and photo ID

During your initial consultation, we will review your medical history, perform a physical assessment, and discuss a personalized treatment plan tailored to your specific needs.

If you need to reschedule or have any questions before your visit, please call our office at [Phone Number] or email us at [Email Address].

We look forward to meeting you and supporting you on your journey to better health.

Sincerely,

[Provider Name/Clinic Manager Name]

[Clinic Name]