[Practice Name]
[Doctor's Name, ND]
[Address]
[Phone Number]
[Email/Website]

[Date]

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen us to partner with you on your journey toward optimal health and wellness. Our goal is to address the root causes of your health concerns using natural, evidence-based therapies tailored specifically to your needs.

Your Initial Consultation
Your first appointment is scheduled for [Date] at [Time]. This visit will last approximately [Duration] minutes. We will conduct a comprehensive review of your health history, current symptoms, lifestyle habits, and health goals.

Preparation Checklist
To make the most of our time together, please complete the following before your visit:

- **Intake Forms:** Please complete the attached forms and return them at least 24 hours before your appointment.
- **Lab Results:** Provide copies of any recent blood work or diagnostic tests performed within the last 12 months.
- **Medications & Supplements:** Please bring a list of all current prescriptions, vitamins, and herbal supplements you are taking, including dosages.

Clinic Policies
If you need to reschedule or cancel your appointment, we require [Number] hours' notice to avoid a cancellation fee. Payment is due at the time of service. We accept [Payment Methods].

We look forward to meeting you and helping you achieve your health goals. If you have any questions prior to your visit, please do not hesitate to contact our office.

In health,

[Doctor's Signature]

[Doctor's Printed Name], ND