[Current Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to support your journey toward health and wellness. Our clinic is dedicated to providing holistic, person-centered care that addresses the root causes of imbalance rather than just treating symptoms.

Your first appointment is scheduled for:

Date: [Date]
Time: [Time]
Practitioner: [Practitioner Name]

To help us prepare for your visit, please complete the enclosed intake forms and bring them with you. These forms allow us to gain a comprehensive understanding of your medical history, lifestyle, and wellness goals.

What to expect during your first visit:
During your initial consultation, we will conduct an in-depth review of your health history and discuss a personalized treatment plan which may include [Acupuncture / Herbal Medicine / Nutrition Counseling / Massage Therapy]. This session typically lasts [Number] minutes.

Clinic Policies:
If you need to reschedule or cancel your appointment, please provide at least 24 hours' notice to avoid a cancellation fee. We recommend arriving 10 minutes early to settle in before your session begins.

We look forward to meeting you and assisting you in achieving your health goals. If you have any questions before your visit, please contact us at [Phone Number] or [Email Address].

In health and wellness,

[Signature]

[Sender Name]
[Clinic Name]
[Website Address]