[Clinic Name]
[Clinic Address]
[Phone Number]
[Email Address]

[Date]

[Patient Name]
[Patient Address]

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to our clinic. We are pleased that you have chosen us to support your journey toward natural health and wellness. Our goal is to provide personalized, holistic care tailored to your specific needs.

Your First Appointment

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Practitioner:** [Practitioner Name]

What to Prepare

To ensure you get the most out of your initial consultation, please complete the following:

- Fill out the attached intake form and return it via email or bring it to your visit.
- Bring a list of any current medications, supplements, or vitamins you are taking.
- Bring copies of any recent blood tests or medical reports from the last six months.

Arrival and Location

Please arrive 15 minutes early to finalize your registration. Our clinic is located at [Detailed Directions/Parking Info].

Cancellation Policy

If you need to reschedule or cancel your appointment, please provide at least [Number] hours' notice to avoid a cancellation fee.

We look forward to meeting you and helping you achieve your health goals.

Sincerely,

[Signature/Name]
[Title/Clinic Role]