Dear [Patient Name],

Welcome to [Clinic Name]! We are excited to partner with you on your journey toward better health and sustainable weight loss.

Our medical weight loss program is designed to provide you with the professional guidance, tools, and support necessary to reach your personal goals safely and effectively.

Your First Steps:

- **Initial Consultation:** Scheduled for [Date] at [Time].
- **Medical Evaluation:** Please complete the attached health history forms prior to your visit.
- **Lab Work:** If required, please have your blood work completed at [Location] by [Date].

What to Expect:

During your program, you will receive personalized medical supervision, nutritional guidance, and regular progress monitoring. Our team is here to answer your questions and adjust your plan as your body changes.

Patient Portal:

You can access your records, message your provider, and track your metrics at [URL/Link]. Your login information will be sent in a separate email.

If you need to reschedule your appointment, please contact us at least 24 hours in advance at [Phone Number] or [Email Address].

We look forward to seeing you soon.

Sincerely,

[Provider Name/Signature]
[Clinic Name]
[Clinic Address]
[Phone Number]