[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Date]

Dear [Patient Name],

Welcome to our Physician Directed Weight Management Program. We are pleased that you have chosen us to partner with you on your journey toward better health and wellness.

Our program is designed to provide you with medical supervision, personalized nutrition guidance, and sustainable lifestyle strategies. Unlike commercial programs, our approach is evidence-based and tailored to your unique medical history and metabolic needs.

Your Next Steps:

- **Initial Consultation:** Scheduled for [Date] at [Time].
- **Lab Work:** Please complete the requested blood tests at least 3 days prior to your appointment.
- **Forms:** Please complete the enclosed health history questionnaire and bring it with you.

What to Expect:
During your first visit, we will review your medical history, perform a physical examination, and discuss your specific weight loss goals. We will then develop a customized plan which may include nutritional counseling, physical activity recommendations, and, if appropriate, medical interventions.

We are committed to supporting you every step of the way. If you have any questions before your first appointment, please call our office at [Phone Number].

Sincerely,

[Physician Name, MD/DO]
[Practice Name]