# Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to our Telehealth Weight Loss program! We are excited to support you on your journey toward better health and wellness from the comfort of your home.

**Your Consultation Details:**

- **Date:** [Date]
- **Time:** [Time] [Time Zone]
- **Provider:** [Provider Name]
- **Meeting Link:** [Insert URL Here]

**How to Prepare:**

1. Ensure you have a stable internet connection and a private space.
2. If possible, have your most recent weight and blood pressure reading ready.
3. Have a list of your current medications and any questions you wish to discuss.

**Important Forms:**

Please complete the attached medical intake and consent forms at least 24 hours before your appointment.

If you need to reschedule or have any technical issues, please contact us at [Phone Number] or [Email Address].

We look forward to meeting with you soon!

Best regards,

The [Clinic Name] Team
[Website Address]