[Date]

To [Patient Name],

Welcome to Our Bariatric Support and Nutrition Program

Congratulations on taking this significant step toward a healthier lifestyle. We are honored to be part of your weight loss surgery journey and are committed to providing you with the tools, education, and support you need to succeed.

Your nutrition and mental well-being are the pillars of long-term success. Our program is designed to guide you through every phase, including:

- Pre-operative nutritional counseling
- Post-operative meal planning and progression
- Vitamin and mineral supplementation education
- Behavioral health and emotional support groups

Your First Appointment Details:
Date: [Appointment Date]
Time: [Appointment Time]
Location: [Office Address/Virtual Link]

Before your first visit, please complete the enclosed nutrition history forms and bring a list of any current medications or supplements you are taking.

We look forward to meeting you and helping you achieve your health goals. If you have any questions, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Program Director]
[Clinic/Hospital Name]
[Department Name]