[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to our Medical Weight Loss Program. Our goal is to help you achieve sustainable health improvements through a physician-supervised approach to weight management.

Program Components:

- **Medical Evaluation:** A comprehensive review of your medical history, blood work, and metabolic health.
- **Personalized Nutrition:** A customized meal plan designed to meet your specific caloric and nutritional needs.
- **Physical Activity Guidance:** A realistic exercise plan tailored to your current fitness level.
- **Medical Supervision:** Regular check-ins to monitor progress and adjust medications if prescribed.
- **Behavioral Coaching:** Strategies to help manage stress, sleep, and emotional eating habits.

What to Expect:

During your initial consultation, we will perform a full body composition analysis and set achievable milestones. We focus not just on the scale, but on improving markers such as blood pressure, cholesterol, and energy levels.

Next Steps:

Your first appointment is scheduled for [Date] at [Time]. Please complete the enclosed health questionnaire prior to your arrival.

We look forward to supporting you on your journey to better health.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]
[Phone Number]