[Date]

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

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased to support you in achieving your health and nutrition goals. This letter provides important information regarding your upcoming orientation and first appointment.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Physical Address or Virtual Link]
- **Provider:** [Practitioner Name]

What to Expect:

During this orientation session, we will review your medical history, discuss your dietary habits, and establish your personalized wellness plan. This initial visit typically lasts [Number] minutes.

What to Bring:

- Completed New Patient Intake Forms
- A list of current medications and supplements
- Recent blood work or lab results (if available)
- A 3-day food diary
- Your insurance card and photo ID

Clinic Policies:

Please arrive 15 minutes early to complete any remaining paperwork. If you need to reschedule, please provide at least 24 hours' notice to avoid a cancellation fee.

If you have any questions before your visit, please contact our office at [Phone Number] or [Email Address].

We look forward to working with you.

Sincerely,

[Your Name/Title]
[Clinic Name]