[Date]

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

Welcome to [Practice Name]

Dear [Patient Name],

Welcome to our holistic medical weight management program. We are honored that you have chosen us to partner with you on your journey toward sustainable health and wellness.

At [Practice Name], our approach goes beyond simple calorie counting. We focus on the whole person, addressing the physical, emotional, and metabolic factors that influence your weight. Our goal is to provide you with the tools and medical support necessary to achieve long-term success.

Your First Steps:

- **Initial Consultation:** On [Date] at [Time], we will review your medical history and goals.
- **Lab Work:** Please complete any requested blood work at least 48 hours before your appointment.
- **Forms:** Please complete the enclosed intake questionnaire regarding your lifestyle and nutrition habits.

What to Expect:

During your program, you will receive personalized medical supervision, nutritional guidance, and lifestyle coaching tailored specifically to your body's needs.

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

We look forward to meeting you and supporting your transformation.

Sincerely,

[Provider Name/Signature]
[Title]
[Practice Name]