[Date]

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

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen our clinical nutrition and wellness program to support your health journey. Our goal is to provide you with evidence-based nutritional guidance tailored to your specific medical needs and lifestyle goals.

Your first appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Office Address or Virtual Link]

To make the most of our first session, please complete the following before your arrival:

- Fill out the attached Initial Assessment and Medical History forms.
- Keep a 3-day food diary of your typical intake.
- Bring a list of all current medications and supplements.
- Provide any recent blood work or laboratory results from the last 6 months.

During our initial consultation, we will review your clinical history, discuss your wellness objectives, and begin developing a personalized nutrition plan. We are committed to empowering you with the tools and knowledge necessary for long-term health.

If you need to reschedule, please provide at least [Number] hours' notice. Should you have any questions prior to your visit, please contact us at [Phone Number] or [Email Address].

We look forward to working with you.

Sincerely,

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