

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

# Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to partner with you on your journey toward optimal health and wellness. Our clinic is dedicated to a holistic approach, focusing on the integration of mind, body, and spirit to achieve long-term vitality.

## Your First Appointment

Date: [Date of Appointment]

Time: [Time]

Practitioner: [Practitioner Name]

## Onboarding Requirements

To provide you with the most personalized care, please complete the following steps before your visit:

- Complete the New Patient Intake Form via our online portal.
- Upload any recent lab results or medical records from the last 12 months.
- Bring a list of all current supplements and medications.

## What to Expect

Your initial consultation will last approximately [Number] minutes. We will conduct a comprehensive review of your health history, lifestyle habits, and wellness goals. Together, we will create a customized treatment plan tailored to your unique needs.

## Clinic Policies

If you need to reschedule or cancel, please provide at least 24 hours' notice to avoid a cancellation fee. We value your time and strive to maintain a punctual schedule for all our patients.

If you have any questions, please contact us at [Phone Number] or [Email Address]. We look forward to meeting you.

In health,

[Signature]

[Name of Clinic Director/Lead Practitioner]

[Clinic Name]