

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our practice for your integrative healthcare needs. Our goal is to partner with you to achieve optimal health by focusing on the whole person-body, mind, and spirit.

Your initial appointment is scheduled for:

Date: [Appointment Date]

Time: [Appointment Time]

Provider: [Provider Name]

Preparing for Your Visit:

- **Patient Portal:** Please complete the online intake forms at least 48 hours before your visit. These forms include questions about your lifestyle, diet, and history.
- **Medications and Supplements:** Please bring all current medications and supplements in their original bottles to your appointment.
- **Medical Records:** If you have recent blood work or imaging results from the last 12 months, please upload them to the portal or bring physical copies.

What to Expect:

Your first visit will last approximately [Duration] minutes. During this time, we will review your health history in detail, discuss your wellness goals, and begin developing a personalized treatment plan that may combine conventional and complementary therapies.

Clinic Policies:

If you need to reschedule or cancel, please provide at least [Number] hours' notice to avoid a cancellation fee. We value your time and aim to stay on schedule; please arrive [Number] minutes early to complete any remaining check-in steps.

We look forward to meeting you and supporting you on your journey to wellness.

Sincerely,

[Provider Signature]

[Provider Name/Title]

[Clinic Name]

[Phone Number]
[Website URL]