

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Welcome to the [Program Name] Functional Medicine Program

Dear [Patient Name],

Congratulations on taking this significant step toward optimizing your health. We are pleased to formally welcome you to the [Program Name] at [Clinic/Practice Name].

Functional medicine is a collaborative, biology-based approach that focuses on identifying and addressing the root cause of disease. By enrolling in this program, you are committing to a comprehensive journey of wellness that looks beyond surface-level symptoms.

Your enrollment includes:

- Initial deep-dive consultation and health history review.
- Advanced functional diagnostic testing (as determined by your provider).
- A personalized nutrition and lifestyle protocol.
- Regular follow-up appointments and coaching sessions.
- Access to our [Online Portal/Patient App].

Next Steps:

1. **Complete Intake Forms:** Please log in to the patient portal to complete your health questionnaire by [Date].
2. **Schedule Your Lab Work:** Our team will contact you within 48 hours to coordinate your initial testing.
3. **Confirmation Call:** A health coordinator will call you on [Date/Time] to walk you through the program schedule.

We are honored to partner with you on your path to vibrant health. If you have any immediate questions regarding your enrollment, please contact us at [Phone Number] or [Email Address].

In health,

[Provider Name/Signature]

[Title]

[Clinic Name]