[Date]

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

Dear [Patient Name],

It was a pleasure meeting with you on [Date of Consultation] to discuss your initial health concerns and goals. As we discussed, we have developed a preliminary treatment plan tailored to your specific needs.

Attached to this letter, you will find a summary of the proposed treatment steps, including:

- A breakdown of recommended procedures or therapies.
- An estimated timeline for the initial phases of care.
- Estimated costs and insurance information, if applicable.

Please keep in mind that this plan is preliminary. After we review your upcoming [Test Results/Diagnostic Reports], we may adjust these recommendations to ensure you receive the most effective care possible.

We encourage you to review this information carefully. If you have any questions regarding the suggested approach or would like to schedule your next appointment to begin the process, please contact our office at [Phone Number] or [Email Address].

We look forward to supporting you on your journey to better health.

Sincerely,

[Provider Name]
[Practice/Clinic Name]