

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Nutritional Progress Follow-Up

Dear [Patient Name],

We are writing to follow up on your progress since your last nutritional consultation on [Date of Last Visit]. Our goal is to support you in achieving your health and dietary objectives.

According to our records, your current plan focused on: [Briefly mention goals, e.g., weight management, blood sugar control, or heart health].

Please take a moment to review the following updates regarding your care:

- **Recent Labs/Metrics:** [Enter recent results or "Pending"]
- **Current Progress:** [Enter notes on improvements or areas needing focus]
- **Adjustments to Plan:** [Enter any changes to diet or supplements]

We would like to schedule a follow-up appointment to discuss your progress in detail and make any necessary adjustments to your nutrition plan. Please contact our office at [Phone Number] or use our online portal to book your next visit.

If you have any urgent questions or are experiencing difficulties with your current plan, please do not hesitate to reach out to our clinical team.

Sincerely,

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