

Wellness Lane

Classical Homeopathy and Wellness Consultation

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Dear _____ :

I look forward to our appointment on _____ at _____ o'clock.

I have enclosed a number of forms and some information about Wellness Lane, LLC Homeopathy practice. Please review all of the material and bring any questions or concerns.

Our first visit can take as long as 2 hours of our time together. Finding your remedy may take a bit longer than that. Please have the **Health Inventory** completed for our appointment. Also you will need to bring and sign the last page of the **Client Bill of Rights** , and the **Optional Payment Arrangement** form signed with your preference indicated. Again this is a fee for service practice. No insurance is accepted.

I look forward to meeting with you and assisting in your journey to health and wellness.

Sincerely,

Kim Lane, MD