

[Your Name/Agency Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

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

**RE: Medical Follow-Up for [Child's Name]**  
**Case Number: [Case ID Number]**

Dear [Recipient Name],

This letter is to formally request updated medical information regarding [Child's Full Name], born on [Child's Date of Birth]. As part of our ongoing commitment to the health and well-being of the children in our care and the requirements of our adoption protocol, we require periodic medical documentation.

Please provide a comprehensive update on the following items:

- Current physical health status and recent exam findings.
- Updated immunization records.
- Results of any recent specialist consultations or diagnostic tests.
- Current medications and dosage instructions.
- Any new developmental or psychological assessments.

We kindly request that these documents be submitted to our office by [Insert Date]. You may send the records via secure email, fax, or standard mail using the contact information provided above.

If there have been no significant changes since the last report, please provide a signed statement from the primary healthcare provider confirming the child's stable status.

Thank you for your prompt attention to this matter and for your dedication to [Child's Name]'s health and safety.

Sincerely,

[Signature]

[Typed Name]  
[Title/Position]  
[Agency Name]