

Date: [Insert Date]

To: [Parent/Guardian Names]

Address: [Insert Address]

Re: Neonatal Follow-Up Completion

Patient Name: [Child's Name]

Date of Birth: [Child's Date of Birth]

Dear [Parent/Guardian Names],

This letter is to formally confirm that [Child's Name] has successfully completed the scheduled follow-up program at the Neonatal Clinic. Our records indicate that [he/she] attended the final developmental assessment on [Date of Last Visit].

Based on our most recent evaluations, [Child's Name] has reached the developmental milestones expected for this stage of our follow-up protocol. We are pleased with the progress made and no further routine appointments are required with our specialized clinic at this time.

Future routine care, including vaccinations and general growth monitoring, should continue with your primary care pediatrician. A summary of the final assessment has been forwarded to [Pediatrician's Name] for their records.

It has been a pleasure caring for [Child's Name]. If you have any new concerns regarding development or health in the future, please consult your pediatrician, who can provide a referral back to us if necessary.

We wish you and your family all the best.

Sincerely,

[Doctor's Name/Signature]

[Title/Position]

[Clinic/Hospital Name]

[Contact Phone Number]