

[Date]

[Parent/Guardian Name]

[Street Address]

[City, State, Zip Code]

RE: [Patient Name] - Program Completion

Dear [Parent/Guardian Name],

Congratulations! This letter serves as official notification that [Patient Name] has successfully completed the Pediatric Nutrition Clinic program at [Clinic Name].

Throughout the program, [Patient Name] has worked hard to achieve the following goals:

- [Goal/Achievement 1]
- [Goal/Achievement 2]
- [Goal/Achievement 3]

We are very proud of the progress made regarding healthy eating habits and nutritional growth. We encourage you to continue following the personalized nutrition plan provided during your final session to maintain these positive results.

A summary of the final clinical measurements and recommendations has been attached to this letter for your records. We have also shared a copy of this completion summary with your primary care physician, [Doctor Name].

If you have any questions or require a follow-up consultation in the future, please do not hesitate to contact our office at [Phone Number].

We wish [Patient Name] continued health and success!

Sincerely,

[Signature]

[Staff Name, Title]

[Clinic Name]