Dear Parent or Guardian of [Child's Name],

This is a friendly reminder that [Child's Name] has an upcoming well-child check-up scheduled with [Clinic/Doctor Name].

Appointment Details:

- Date: [Date]
- Time: [Time]
- Location: [Full Address]

Well-child visits are essential to track your child's growth, development, and to ensure they are up to date on necessary immunizations. During this visit, we will also discuss nutrition, safety, and any concerns you may have regarding your child's health.

Please remember to:

- Arrive 15 minutes early to complete any necessary paperwork.
- Bring your insurance card and a photo ID.
- Bring your child's current immunization record.

If you need to reschedule or cancel this appointment, please call us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you and your child soon.

Sincerely,

[Doctor or Clinic Name]
[Phone Number]
[Website]