

[Practice Name]
[Practice Address]
[Phone Number]
[Date]

To the Parent or Guardian of [Patient Name],

This letter is to confirm your child's upcoming initial consultation with [Provider Name]. We are looking forward to meeting you and your child.

Appointment Details:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Office Location/Suite Number]

Please arrive 15 minutes before your scheduled time to complete the registration process. To ensure a smooth visit, please remember to bring the following:

- Your child's immunization records.
- Your child's insurance card and a valid photo ID of the parent/guardian.
- A list of any medications or supplements your child is currently taking.
- Completed new patient forms (enclosed or available on our website).
- Records from your previous pediatrician, if available.

Cancellation Policy:

If you need to reschedule or cancel, please notify us at least 24 hours in advance to avoid a cancellation fee.

If you have any questions, please call our office at [Phone Number].

Sincerely,

[Practice Name/Staff Member Name]