

[Date]

To the Parent/Guardian of [Patient Name],

This is a reminder that it is time for **[Patient Name]** to have a Well-Child Checkup. Regular checkups are important to track your child's growth, development, and to keep vaccinations up to date.

We have scheduled an appointment for you at:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Name/Address]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring your insurance card and your child's immunization record.

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

We look forward to seeing you and your child.

Sincerely,

[Doctor's Name/Clinic Name]

[Phone Number]

[Website]