

[Date]

To the parents/guardians of [Child's Name],

This is a friendly reminder to schedule your child's upcoming well-child checkup. Regular visits are important to monitor your child's growth, development, and overall health.

**Appointment Details:**

Date: [Date of Appointment or "To be scheduled"]

Time: [Time of Appointment]

Provider: [Doctor's Name]

During this visit, we will perform a physical exam, review necessary immunizations, and answer any questions you may have regarding your child's physical or emotional health.

If you have already scheduled this appointment, we look forward to seeing you. If you need to book, reschedule, or cancel, please call our office at [Phone Number] or visit our online portal at [Website URL].

Please remember to bring your insurance card and any specific forms (such as school or sports physical forms) that need to be completed.

Sincerely,

[Clinic Name]

[Clinic Address]

[Phone Number]