

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Subject: Annual Pediatric Checkup for [Child's Name]

Dear [Parent/Guardian Name],

It is time for [Child's Name]'s annual pediatric wellness exam. Regular checkups are important to monitor your child's growth, development, and overall health.

We have scheduled an appointment for:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Doctor's Name]

During this visit, we will perform a physical exam, track developmental milestones, and administer any necessary vaccinations. This is also a great time to discuss any concerns you may have regarding your child's physical or emotional well-being.

Please remember to bring:

- Updated insurance information
- Your child's immunization record
- A list of any current medications

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

We look forward to seeing you and your child.

Sincerely,

[Doctor or Clinic Name]

[Clinic Address]

[Phone Number]