

[Date]

[Parent/Guardian Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Reminder: Upcoming Well-Child Visit for [Child's Name]

Dear [Parent/Guardian Name],

This is a reminder that a well-child appointment has been scheduled for **[Child's Name]**.

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Doctor/Provider Name]

Location: [Clinic Name/Address]

Regular check-ups are essential to monitor your child's growth, development, and to stay up-to-date with necessary immunizations. During this visit, the provider will also address any health or behavioral concerns you may have.

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

If you need to reschedule or cancel this appointment, please call our office at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you and your child.

Sincerely,

[Clinic/Office Name]

[Phone Number]

[Website]