

[Clinic Name]
[Clinic Address]
[Clinic Phone Number]
[Date]

Dear [Parent/Guardian Name],

This letter is to confirm the upcoming appointment for **[Patient Name]** with **[Doctor Name]**.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Clinic Office/Suite Number]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring your child's insurance card and a current list of any medications they are taking.

If your child has a favorite toy or comfort item, please feel free to bring it along to help them feel at ease during the visit.

If you need to reschedule or cancel, please call our office at [Clinic Phone Number] at least 24 hours in advance to avoid a cancellation fee.

We look forward to seeing you and [Patient Name] soon.

Sincerely,

[Clinic Staff Name/Department]
[Clinic Name]