

**Date:** [Insert Date]

**To the Parents/Guardians of:** [Child's Full Name]

**Subject:** Toddler Wellness Checkup Appointment

Dear [Parent/Guardian Name],

This letter is to confirm your child's upcoming wellness checkup. Regular checkups are important to monitor your child's growth, development, and overall health.

**Appointment Details:**

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Clinic/Doctor Name and Address]

**During this visit, the doctor will:**

- Measure your child's height and weight.
- Perform a physical examination.
- Review and administer necessary vaccinations.
- Discuss nutrition, sleep, and behavioral milestones.

Please bring your child's immunization record and a list of any questions you may have for the pediatrician. If you need to reschedule, please contact our office at [Insert Phone Number] at least 24 hours in advance.

We look forward to seeing you and your child.

Sincerely,

[Your Name/Office Name]

[Contact Information]