

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Re: Appointment for [Child's Name]

Dear [Parent/Guardian Name],

This letter is to confirm the upcoming pediatric preventive care (well-child) appointment for [Child's Name]. Regular check-ups are essential to monitor your child's growth, development, and overall health.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Doctor/Provider Name]
- **Location:** [Clinic/Office Name and Address]

During this visit, the provider will perform a physical exam, track developmental milestones, and administer any necessary vaccinations. It is also a great time to discuss any questions you may have regarding nutrition, behavior, or sleep.

Please remember to:

- Arrive 15 minutes early to complete any required paperwork.
- Bring your insurance card and your child's immunization record.
- Notify us at least 24 hours in advance if you need to reschedule.

To confirm or reschedule this appointment, please call our office at [Phone Number] or visit our patient portal at [Website].

We look forward to seeing you and [Child's Name] soon.

Sincerely,

[Staff Name/Department]

[Clinic Name]