

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

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

Dear [Parent/Guardian Name],

Our records show that it is time for **[Child's Name]** to have a routine well-child checkup. Regular visits are important to monitor your child's growth, development, and to ensure they are up to date on necessary immunizations.

Please contact our office at **[Phone Number]** to schedule an appointment. We recommend calling soon to secure a time that works best for your schedule.

Appointment Details:

- **Clinic Name:** [Clinic Name]
- **Provider:** [Doctor/Provider Name]
- **Location:** [Clinic Address]

If you have already scheduled this appointment, please disregard this notice. If you have recently changed your insurance or contact information, please let us know when you call.

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

Sincerely,

[Your Name/Clinic Name]

[Phone Number]

[Website/Email]