

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

Dear Parent or Guardian of [Patient Name],

This is a friendly reminder of your child's upcoming appointment with [Provider Name] at our clinic.

**Appointment Details:**

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

Please arrive [15] minutes early to complete any necessary paperwork. Remember to bring your insurance card, a photo ID, and a list of any current medications your child is taking.

If your child is coming in for a well-child visit or physical, please bring their current immunization record.

If you need to reschedule or cancel this appointment, please call us at [Phone Number] at least [24 hours] in advance to avoid any cancellation fees.

We look forward to seeing you and your child soon.

Sincerely,

[Clinic Name] Staff