

[Date]

To the Parents/Guardians of [Patient Name],

This is a reminder of your child's upcoming psychiatric medication management appointment.

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Provider Name]

Location: [Clinic Name/Address or Telehealth Link]

Please ensure that your child is present for this visit. To help the appointment go smoothly, please have the following ready:

- A list of all current medications and dosages.
- Information regarding any recent changes in behavior, mood, or sleep.
- School reports or teacher feedback, if applicable.
- Any pharmacy refill requests.

If you need to cancel or reschedule, please contact our office at [Phone Number] at least [24/48] hours in advance to avoid any late fees.

We look forward to seeing you and your child.

Sincerely,

[Clinic Name]

[Phone Number]

[Email/Website]