

[Date]
[Parent/Guardian Name]
[Address]
[City, State, Zip Code]

Subject: Appointment Reminder and Intake Paperwork - [Patient Name]

Dear [Parent/Guardian Name],

This letter is to confirm your upcoming appointment for [Patient Name] with [Provider Name] at [Clinic Name].

Appointment Details:

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

Required Intake Paperwork:

To ensure a smooth visit, please complete the enclosed intake forms before your arrival. These forms include:

- Patient Information and History
- Immunization Records
- Insurance Verification Form
- Notice of Privacy Practices (HIPAA)

What to Bring:

- Completed intake paperwork
- Your child's insurance card
- A valid photo ID for the parent/guardian
- A list of current medications or supplements

Please arrive 15 minutes before your scheduled time to finalize the registration process. If you need to reschedule or cancel, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you and your child.

Sincerely,

[Clinic Name]
[Phone Number]
[Website]