

Date: [Insert Date]

To the Parent or Guardian of [Child's Name],

Our records show that [Child's Name] missed a scheduled well-child checkup on [Insert Missed Appointment Date].

Routine well-child visits are essential for monitoring your child's growth, development, and overall health. These appointments allow us to provide necessary immunizations and catch potential health concerns early.

Please contact our office at [Insert Phone Number] to reschedule this appointment as soon as possible. If you have already scheduled a new visit or believe this notice was sent in error, please disregard this letter.

We look forward to seeing you and your child soon.

Sincerely,

[Doctor's Name/Clinic Name]

[Clinic Address]

[Clinic Phone Number]