

[Date]

[Parent/Guardian Name]

[Address Line 1]

[Address Line 2]

Subject: SECOND REMINDER - Missed Well-Child Appointment for [Child's Name]

Dear [Parent/Guardian Name],

This is our second follow-up regarding the missed well-child checkup for [Child's Name] originally scheduled on [Original Date]. According to our records, this appointment has not yet been rescheduled.

Regular well-child visits are essential to monitor your child's growth, development, and to ensure they remain up to date on necessary immunizations. These visits allow us to catch potential health concerns early and provide the best care possible for your child.

Please contact our office at [Phone Number] at your earliest convenience to reschedule this visit. If you have already made an appointment or have seen another provider, please let us know so we can update our files.

If you are experiencing any barriers to scheduling, such as transportation or scheduling conflicts, please inform our staff so we can assist you.

Thank you for prioritizing your child's health.

Sincerely,

[Doctor/Provider Name]

[Clinic/Practice Name]

[Phone Number]