

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We missed you at your scheduled Well-Child visit on [Date of Missed Appointment].

Annual check-ups are very important during the adolescent years. These visits allow us to track growth and development, provide necessary immunizations for school, and discuss any physical or emotional concerns you may have in a private setting.

Please call our office at [Phone Number] as soon as possible to reschedule this appointment. If you have already scheduled a new date, please disregard this letter.

We look forward to seeing you soon.

Sincerely,

[Provider Name or Clinic Name]

[Clinic Phone Number]