[Date]

To the Parents/Guardians of [Child's Full Name],
[Address]
[City, State, Zip Code]

Subject: Missed Well-Child Appointment

Dear [Parent/Guardian Name],

Our records show that [Child's Name] had an appointment for a well-child checkup on [Date] at [Time], but the appointment was missed.

Well-child visits are essential for monitoring your child's growth, tracking developmental milestones, and staying up to date on required immunizations. These preventive visits allow us to identify and address potential health concerns early.

We would like to reschedule this visit as soon as possible. Please contact our office at [Phone Number] or use our online portal at [Website/Portal Link] to choose a new appointment time.

If you have already rescheduled or if you believe you received this letter in error, please disregard this notice.

Thank you for choosing us for your child's healthcare needs. We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]
[Practice/Clinic Name]