

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To the Parent or Guardian of [Patient Name],

Our records show that it is time for **[Patient Name]** to have their annual physical examination. Regular well-child visits are essential to monitor your child's growth, development, and overall health.

During this appointment, the pediatrician will:

- Perform a comprehensive physical exam.
- Update required immunizations and screenings.
- Discuss nutrition, safety, and physical activity.
- Complete necessary forms for school, sports, or camp.
- Address any developmental or behavioral concerns you may have.

Please call our office at [Phone Number] to schedule an appointment. You may also request an appointment through our patient portal at [Link/URL].

We look forward to seeing you and your child soon.

Sincerely,

[Doctor's Name/Practice Name]