

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

[Date]

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

Our records indicate that it is time for [Child's Name] to have a scheduled **Developmental Milestone Assessment**.

These regular check-ins are a vital part of pediatric care. They allow us to track your child's progress in areas such as speech, physical movement, and social skills. Identifying potential delays early ensures that we can provide the best support and resources for your child's growth.

Please contact our office at [Phone Number] or visit our online portal at [URL] to schedule this appointment.

If you have already scheduled this visit or if you have questions regarding your child's development, please disregard this letter or call us to speak with a member of our care team.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]