

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

[Date]

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

Our records indicate that [Child's First Name] is approaching six months of age. This is an important milestone for your baby's growth and development.

We would like to schedule a **Six-Month Developmental Assessment**. During this visit, our healthcare team will check your baby's:

- Physical growth (weight, length, and head circumference).
- Motor skills development (sitting, rolling, and reaching).
- Social and communication milestones (babbling and facial expressions).
- Current nutrition and feeding progress.
- Recommended immunizations.

Please call our office at [Phone Number] or use our online portal to schedule an appointment at your earliest convenience.

If you have already scheduled this appointment, please disregard this notice. We look forward to seeing you and your baby soon.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]