

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

[Date]

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

Our records indicate that [Child's Name] is now eighteen months old. At this age, it is standard medical practice to perform a routine developmental screening for autism spectrum disorder (ASD) during the well-child visit.

Early screening is a proactive way to monitor your child's growth and social communication milestones. This process usually involves a simple questionnaire regarding your child's everyday behaviors and interactions.

Please contact our office at [Phone Number] to schedule your child's 18-month check-up and screening. If you have already scheduled this appointment, please disregard this notice.

We look forward to seeing you and your child soon.

Sincerely,

[Doctor's Name/Clinic Name]