

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

[Date]

To the Parent or Guardian of [Patient Name],

We are writing to you because our records show that [Patient Name] is due for a follow-up appointment regarding their developmental milestones.

During your last visit on [Date of Last Visit], we discussed specific areas of development that we wanted to monitor. These follow-up visits are important to ensure your child is reaching their growth and learning goals, or to provide extra support if needed.

Please call our office at [Phone Number] to schedule this follow-up appointment. If you have already scheduled this visit or have seen a specialist, please let us know so we can update our records.

We look forward to seeing you and [Patient Name] soon.

Sincerely,

[Provider Name/Signature]
[Clinic Name]