

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

[Date]

To the Parent or Guardian of [Patient Name],

Subject: Follow-up for Adolescent Behavioral and Developmental Assessment

Our records show that it is time for [Patient Name] to complete their scheduled adolescent behavioral and developmental assessment. These routine screenings are an important part of adolescent healthcare, focusing on emotional well-being, social development, and academic progress.

Please contact our office at [Phone Number] to schedule this appointment. If you have already scheduled this visit, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]