

[Parent/Guardian Names]
[Address]
[Phone Number]
[Email Address]

[Date]

[Doctor's Name or Practice Name]
[Medical Office Address]
[City, State, Zip Code]

Dear [Doctor's Last Name],

We are writing to formally introduce our newborn child, [Baby's Name], who was born on [Date of Birth] at [Hospital Name]. We have chosen your practice to provide [Baby's Name]'s pediatric medical care.

Please find the initial birth details below:

- Birth Weight: [Weight]
- Birth Length: [Length]
- Delivery Type: [Vaginal/C-Section]
- APGAR Scores: [Scores, if known]

We would like to schedule our first newborn wellness check-up as recommended. We are also in the process of adding [Baby's Name] to our health insurance plan under [Insurance Provider Name].

We have requested that the hospital discharge summary and birth records be forwarded to your office. If there are any specific forms or intake paperwork we need to complete prior to our first visit, please let us know.

We look forward to working with you to ensure the health and development of our child.

Sincerely,

[Parent/Guardian Signature]
[Printed Name]