

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

[Date]

Dear [Parent Names],

Congratulations on your growing family! We are honored that you are considering [Clinic Name] to care for your child. Our team of pediatricians and specialists is dedicated to providing compassionate, comprehensive medical care from birth through adolescence.

At our clinic, we believe in a partnership between parents and providers. To help you prepare for your new arrival, we have included some information regarding our services:

- **Prenatal Consultations:** Meet our doctors and tour our facility before your baby arrives.
- **Newborn Care:** Immediate support and check-ups following your hospital discharge.
- **24/7 Access:** On-call nursing lines and after-hours support for urgent concerns.
- **Lactation Support:** Certified consultants to assist with feeding and nutrition.

To officially join our practice, please complete the enclosed registration forms or visit our website at [Website URL]. Once your baby is born, simply call our office to schedule the first "well-baby" visit.

We look forward to meeting you and your little one soon. If you have any questions, please do not hesitate to reach out to us.

Sincerely,

[Doctor Name/Clinic Manager]  
[Clinic Name]