[Date]

Dear [Parent/Guardian Name] and [Patient Name],

Welcome to [Practice Name]

We are pleased to welcome you to our pediatric allergy and asthma family. Our goal is to provide specialized, compassionate care to help your child breathe easier and live a healthier, more active life.

Your First Appointment:

- Date: [Date]
- Time: [Time]
- Location: [Full Address]

What to Bring:

- Completed new patient forms.
- Insurance card and a valid photo ID.
- A list of all current medications, including inhalers and vitamins.
- Records of any previous allergy testing or relevant lab work.

Important Preparation:

To ensure accurate allergy skin testing results, please have your child stop taking antihistamines [Number] days prior to the appointment. If you have questions regarding specific medications, please call our office.

Our Services:

- Asthma management and lung function testing.
- Food, seasonal, and environmental allergy testing.
- Eczema and skin allergy care.
- Immunotherapy (Allergy Shots).

If you need to reschedule, please provide at least [Number] hours' notice. We look forward to meeting you and your child soon.

Sincerely,

[Doctor's Name/Practice Manager]
[Practice Name]
[Phone Number]
[Website URL]