Dear [Parent/Guardian Name],

Welcome to [Clinic Name]! We are honored that you have chosen us to partner with you in supporting [Child's Name]'s health and development.

Our approach to pediatric naturopathic medicine focuses on identifying the root cause of health concerns while supporting the body's natural ability to heal. We look forward to creating a personalized wellness plan that grows with your child.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic Address or Telehealth Link]

To prepare for your first visit:

- **Intake Forms:** Please complete the online pediatric intake forms at least 24 hours before your appointment.
- **Records:** Have copies of recent blood work or specialist reports ready for review.
- **Supplements/Medications:** Please bring a list of all current vitamins, herbs, and medications your child is taking.

What to expect:

The initial consultation usually lasts [60-90] minutes. We will discuss your child's health history, nutrition, sleep, and lifestyle in detail. If the visit is in person, a gentle physical exam may be performed.

If you have any questions before your visit, please contact us at [Phone Number] or [Email Address].

In health,

[Doctor Name], ND
[Clinic Name]