Date: [Date]

To the Family of [Patient Name],

# Welcome to [Name of Pediatric Sleep Center]

We are pleased to welcome you and your child to our Sleep Center. Our team of specialists is dedicated to helping your child achieve better sleep and improved overall health.

Your child's appointment is scheduled for:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Full Address/Building Number]

## What to Bring to Your Appointment:

- Completed sleep diary (if provided)
- Your child's favorite pajamas and a comfort item (blanket or stuffed animal)
- List of current medications
- Insurance card and photo ID

## What to Expect:

During the initial visit, our sleep specialists will review your child's medical history and discuss sleep patterns. If a sleep study (polysomnogram) is required, we will provide detailed instructions on how to prepare for an overnight stay at our facility.

If you need to reschedule or have any questions, please contact our office at [Phone Number] or email us at [Email Address].

We look forward to meeting you and your child.

Sincerely,

[Name of Doctor/Clinic Manager]
[Title]
[Name of Pediatric Sleep Center]