[Practice Name]
[Practice Address]
[Phone Number]
[Date]

To the Parents/Guardians of [Patient Name],

Thank you for bringing [Patient Name] for their annual well-child examination on [Date of Visit]. It was a pleasure seeing you and discussing your child's growth and development.

Visit Summary:

- **Height:** [Measurement] ([Percentile]%)
- **Weight:** [Measurement] ([Percentile]%)
- **Immunizations:** [Vaccines Administered / Up to Date]

Provider Notes:
[Insert notes regarding physical exam, developmental milestones, or nutrition here.]

Follow-Up Actions:

- [Action Item 1: e.g., Lab work to be completed]
- [Action Item 2: e.g., Specialist referral for vision]
- [Action Item 3: e.g., Medication instructions]

Attached to this letter, you will find the updated immunization record and the school/sports clearance forms requested during the visit.

Please remember to schedule the next annual exam for [Month/Year]. If you have any questions or if new concerns arise before then, please call our office at [Phone Number] or contact us through the patient portal.

Sincerely,

[Provider Name, Credentials]
[Practice Name]