

[Date]

To the Parent/Guardian of [Patient Name],

This is a reminder to schedule a follow-up appointment for [Patient Name] with [Specialist Name/Department] at [Clinic Name].

Our records indicate that it is time for your child's next visit regarding [Reason for Visit/Condition]. Regular check-ups are important to monitor your child's growth and health progress.

To book your appointment, please choose one of the following options:

- **Call us:** [Phone Number]
- **Online:** [Website URL]
- **Patient Portal:** [Link to Portal]

When calling, please have your insurance information and preferred dates ready. If you have already scheduled this appointment, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Clinic Name]
[Phone Number]
[Address]