

**Date:** [Insert Date]

**To the Parents/Guardians of:** [Patient Name]

Dear [Parent/Guardian Name],

It was a pleasure seeing [Patient Name] for their one-month check-up. This is an exciting stage of development as your baby begins to adjust to life outside the womb.

Based on our visit, here is a summary of the milestones we discussed for this age:

- **Physical:** Briefly lifting the head during tummy time and moving arms and legs smoothly.
- **Sensory:** Recognizing the sound of your voice and focusing on faces or high-contrast patterns.
- **Social/Emotional:** Making brief eye contact and beginning to produce different cries for different needs.

**Follow-Up Instructions:**

- Continue supervised "tummy time" for short periods several times a day.
- Maintain the recommended feeding schedule of [Insert Feeding Frequency].
- Ensure your baby always sleeps on their back on a firm, flat surface.

**Next Appointment:** Your next routine wellness visit is scheduled for [Insert Date/Time] for the two-month check-up. This visit will include the next round of infant vaccinations.

If you have any concerns regarding your baby's feeding, sleeping, or development before our next meeting, please contact our office at [Insert Phone Number].

Sincerely,

[Doctor Name]

[Clinic/Practice Name]