

[Date]

To the Parents/Guardians of [Child's Name],

It is time for your child's **Two-Month Well-Child Health Check**. This is an important visit to monitor your baby's growth, development, and overall health.

Appointment Details:

Date: [Date]

Time: [Time]

Location: [Clinic Name/Address]

During this visit, the healthcare provider will:

- Measure your baby's weight, length, and head circumference.
- Perform a full physical examination.
- Discuss feeding, sleeping, and safety habits.
- Administer recommended childhood vaccinations.
- Answer any questions you may have regarding your baby's progress.

Please remember to bring your child's immunization record (yellow card) and any questions you have written down.

If you need to reschedule, please call our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you and your baby.

Sincerely,

[Doctor/Clinic Name]

[Contact Information]