

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Subject: Rescheduling Your Child's Well-Visit Appointment

Dear [Parent/Guardian Name],

We missed seeing [Child's Name] for their scheduled [Age, e.g., 2-year] well-child milestone appointment on [Date of Missed Appointment].

These visits are important to track your child's growth and development, provide necessary vaccinations, and answer any health questions you may have. Staying on schedule ensures your child receives the best preventative care.

Please contact our office at [Phone Number] or visit our online portal at [Website/Link] to reschedule this appointment at your earliest convenience.

If you have already rescheduled or if you believe you received this letter in error, please disregard this notice.

We look forward to seeing you and [Child's Name] soon.

Sincerely,

[Doctor/Provider Name]

[Clinic/Practice Name]