

[Date]

To the Parent or Guardian of [Child's Name],

This is a friendly reminder from [Clinic/Practice Name] that it is time for **[Child's Name]** to have their annual well-child preventive care visit.

Yearly check-ups are essential for tracking your child's physical and emotional development. During this appointment, we will:

- Perform a complete physical examination.
- Update necessary immunizations.
- Screen for vision, hearing, and other developmental milestones.
- Discuss nutrition, safety, and healthy habits.
- Address any questions or concerns you may have.

Regular preventive care is often covered at no cost by most insurance plans. Please contact our office at **[Phone Number]** or visit our portal at **[Website URL]** to schedule an appointment at your earliest convenience.

We look forward to seeing you and your child soon.

Sincerely,

[Provider Name/Signature]
[Clinic/Practice Name]
[Contact Information]