Date: [Date]

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

Date of Birth: [DOB]

Dear Parent or Guardian,

Our records indicate that your child recently visited the Emergency Room on [Date of Visit] at [Hospital Name] for [Reason for Visit/Diagnosis].

To ensure your child is recovering well and to review any new medications or treatments started during the ER visit, we recommend scheduling a follow-up appointment with our clinic.

Follow-Up Instructions:

- **Recommended Appointment Timing:** Within [Number] days.
- **Please Bring:** Any discharge papers and new medications to the visit.

Please call our office at [Phone Number] to schedule this appointment. If you have already scheduled a follow-up or have seen us since the ER visit, please disregard this letter.

If your child's symptoms are worsening or if you have immediate concerns, please call us right away or seek emergency care if necessary.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]
[Clinic Phone Number]