

Appointment Confirmation

Dear [Parent's Name],

We are pleased to confirm your child's pediatric check-up appointment.

Appointment Details:

- **Child's Name:** [Child's Name]
- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Name and Address]
- **Doctor:** [Doctor's Name]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Clinic Phone Number].

Thank you, and we look forward to seeing you!

Sincerely,

[Clinic Name]