

Appointment Confirmation

Date: [Insert Date]

Dear [Parent/Guardian Name],

We are writing to confirm your child's follow-up appointment with Dr. [Doctor's Name]. The details of the appointment are as follows:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Name and Address]

During this visit, we will discuss [briefly explained purpose of the follow-up, e.g., ongoing treatment, progress review, etc.]. Please bring any necessary documents and your child's medical records.

If you have any questions or need to reschedule, please contact our office at [Office Phone Number] or [Office Email Address].

Thank you for choosing [Clinic Name]. We look forward to seeing you and your child.

Sincerely,

[Your Name]

[Your Position]

[Clinic Name]

[Clinic Contact Information]