

# Pediatric Assessment Appointment Schedule

Dear [Parent/Guardian Name],

We are pleased to inform you that your child's pediatric assessment has been scheduled. Please find the details below:

## Appointment Details:

- **Child's Name:** [Child's Name]
- **Appointment Date:** [Date]
- **Appointment Time:** [Time]
- **Location:** [Clinic/Hospital Name]
- **Contact Number:** [Contact Number]

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

Thank you for choosing [Clinic/Hospital Name] for your child's healthcare needs.

Best regards,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]