

Scheduled Pediatric Health Examination

Date: [Insert Date]

To: [Parent/Guardian Name]

Address: [Parent/Guardian Address]

Dear [Parent/Guardian Name],

We are pleased to inform you that your child's health examination has been scheduled.

Patient Name: [Child's Name]

Date of Examination: [Examination Date]

Time: [Examination Time]

Location: [Clinic/Hospital Name]

Please ensure that your child arrives on time and brings the following documents:

- Insurance card
- Any previous medical records
- List of current medications

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

Thank you for trusting us with your child's health!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]