

Pediatric Follow-Up Visit

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Date of Birth: **[Insert DOB]**

Address: **[Insert Address]**

Dear [Parent/Guardian's Name],

We hope this message finds you well. This letter is to confirm your child's follow-up visit scheduled for **[Insert Date and Time]** at our office located at **[Insert Office Address]**.

The purpose of this visit is to:

- Review your child's progress since the last appointment.
- Discuss any concerns or questions you may have.
- Conduct necessary examinations or tests.

Please ensure that your child brings along any relevant medical records or current medications. If you need to reschedule, feel free to contact our office at **[Insert Phone Number]**.

Thank you for entrusting us with your child's health. We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Practice Name]