

Pediatric Clinic Registration Confirmation

Dear [Parent's Name],

We are pleased to confirm your child's registration at [Clinic Name]. Below are the details of the appointment:

- **Child's Name:** [Child's Name]
- **Date of Birth:** [DOB]
- **Appointment Date:** [Appointment Date]
- **Appointment Time:** [Appointment Time]
- **Physician:** [Physician's Name]

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

Thank you for choosing [Clinic Name] for your child's healthcare needs!

Sincerely,

[Your Name]

[Your Position]

[Clinic Name]

[Clinic Address]

[Clinic Phone Number]

[Clinic Website]