

Welcome to Our Pediatric Clinic!

Dear [Patient's Parent/Guardian Name],

We are delighted to welcome you and your child to our pediatric clinic! To ensure a smooth registration process, please find the necessary information and forms attached.

Patient Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Contact Number: _____

Registration Instructions

1. Complete the attached registration form.
2. Provide a copy of your child's insurance card (if applicable).
3. Schedule an appointment by calling our office at [Phone Number].
4. Bring the completed forms to your first appointment.

If you have any questions, feel free to contact us at [Email Address]. We look forward to partnering with you in your child's health care.

Best regards,

[Your Clinic Name]

[Your Clinic Address]

[Your Clinic Phone Number]