

Pediatric Clinic Registration Request

Date: [Insert Date]

To Whom It May Concern,

We are in the process of registering a new patient at [Clinic Name]. In order to complete the registration, we kindly request the following documents:

- Copy of birth certificate
- Immunization records
- Insurance information
- Completed registration form

Please send the requested documents to our office at your earliest convenience. You may fax them to [Fax Number] or email them to [Email Address]. If you have any questions, feel free to contact us at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Clinic Name]

[Clinic Address]

[Clinic Phone Number]