

Postnatal Screening Visit Confirmation

Dear [Parent's Name],

We are pleased to confirm your postnatal screening visit scheduled for:

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Clinic Address]

This visit is important for assessing the health and well-being of both you and your newborn. Our team will conduct a thorough screening, answer any questions you may have, and provide resources for your continued support.

Please remember to bring any relevant medical records and your identification. If you need to reschedule, feel free to contact us at [Insert Phone Number] or [Insert Email Address].

We look forward to seeing you soon!

Sincerely,

[Your Clinic Name]

[Your Clinic Contact Information]