

Appointment Confirmation

Dear [Parent/Guardian's Name],

We are pleased to confirm your appointment for a pediatric health assessment for [Child's Name] on [Date] at [Time]. The appointment will be held at [Clinic Name], located at [Clinic Address].

Please arrive at least 15 minutes early to complete any necessary paperwork. Ensure that [Child's Name] brings along any relevant medical records and a list of current medications.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]