

# Request to Reschedule Pediatric Health Assessment

Date: [Insert Date]

To: [Healthcare Provider's Name]  
[Clinic/Hospital Name]  
[Address]  
[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request the rescheduling of my child, [Child's Name], pediatric health assessment originally scheduled for [Original Appointment Date and Time]. Unfortunately, due to [brief reason for rescheduling, e.g., a scheduling conflict or unforeseen circumstances], we are unable to attend the appointment on that date.

We are committed to ensuring that [Child's Name] receives the necessary evaluation and care. Therefore, we would greatly appreciate if you could provide us with alternative dates and times for the assessment.

Thank you for your understanding, and I apologize for any inconvenience this may cause. We look forward to your prompt response.

Sincerely,  
[Your Name]  
[Your Contact Information]  
[Your Relationship to the Child]