

Scoliosis Screening Appointment Information

Dear Parent/Guardian,

We are pleased to inform you that your child has been scheduled for a scoliosis screening as part of our community health program. Below are the details of the appointment:

Appointment Details

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location]

During the screening, a trained professional will perform a brief examination to assess for signs of scoliosis. This process is quick, non-invasive, and can help identify any potential issues early.

What to Bring

- Completed consent form (attached)
- Your child's health insurance information (if applicable)
- A list of any concerns you may have

If you have any questions or are unable to attend the scheduled appointment, please contact us at [Insert Contact Information]. Your child's health is important to us, and we appreciate your participation in this program.

Sincerely,

[Your Organization Name]

[Your Organization Contact Information]