

Diagnostic Procedure Clarification

Date: [Insert Date]

Dear Guardian(s),

We appreciate your trust in us regarding your child's health care. This letter serves to clarify the details of the upcoming diagnostic procedure that has been recommended for your child.

Procedure Details

Procedure Name: [Insert Procedure Name]

Date and Time: [Insert Date and Time]

Location: [Insert Location]

What to Expect

[Include a brief description of the procedure, how long it will take, any preparation needed, and what to expect during and after the procedure.]

Risks and Benefits

[Briefly outline the potential risks and benefits associated with the procedure.]

Questions and Support

If you have any questions or need further clarification, please do not hesitate to reach out to us at [Insert Contact Information]. We are here to support you and your child throughout this process.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]