

# Pediatric Growth Milestone Review

Date: **[Insert Date]**

To: **[Parent's Name]**

From: **[Pediatrician's Name]**

Clinic: **[Clinic Name]**

**Dear [Parent's Name],**

Thank you for attending the recent pediatric check-up for your child, [Child's Name]. We appreciate your engagement in their health and development. This letter serves as a summary of the growth milestone review conducted during the visit.

## **Growth Percentiles**

Your child's weight: **[Weight]** (Percentile: **[Weight Percentile]**)

Your child's height: **[Height]** (Percentile: **[Height Percentile]**)

Your child's head circumference: **[Head Circumference]** (Percentile: **[Head Circumference Percentile]**)

## **Milestone Achievements**

- Gross Motor: **[Milestones Achieved]**
- Fine Motor: **[Milestones Achieved]**
- Communication: **[Milestones Achieved]**
- Social/Emotional: **[Milestones Achieved]**

## **Next Steps**

We encourage you to continue supporting [Child's Name] in achieving further milestones. Please keep an eye on the following areas:

- [Next Area of Focus 1]
- [Next Area of Focus 2]
- [Next Area of Focus 3]

If you have any questions or concerns, please do not hesitate to reach out to our office at **[Contact Information]**.

Sincerely,

**[Pediatrician's Name]**

**[Clinic Name]**

**[Contact Information]**