

# Maternity Care Schedule for New Parents

Dear [Parent's Name],

Congratulations on the new addition to your family! We are pleased to provide you with your maternity care schedule. Please find the details below:

## Initial Visit

Date: [Date]

Time: [Time]

Location: [Clinic/Hospital Name & Address]

## Follow-Up Appointments

- Visit 1: [Date] at [Time]
- Visit 2: [Date] at [Time]
- Visit 3: [Date] at [Time]

## Important Contact Information

For any questions or concerns, please reach out to:

Phone: [Phone Number]

Email: [Email Address]

We look forward to supporting you during this exciting time.

Best regards,

[Your Name]

[Your Title]

[Clinic/Hospital Name]