

Appointment Confirmation

Dear [Parent/Guardian's Name],

This letter is to confirm your pediatric care appointment for [Child's Name] scheduled on [Date] at [Time].

Location: [Clinic/Hospital Name]

Address: [Clinic/Hospital Address]

If you need to reschedule or have any questions, please contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]