Clinic Name

Return Address

Date

To the Parents or Guardian of:

(Insert Recipient’s name and address)

To the Parents or Guardian of (Patient Name):

Our records indicate that your child is due for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. HealthCheck/Well Child Visit’s are the best way to manage your child’s health. The appointments allows us to assess his or her health, growth and development.

Please follow this HealthCheck/Well Child Visit Schedule:

• 2-4 weeks

• 2 months\*

• 4 months\*

• 6 months\*

• 9 months

• 12 months\*

• 15 months\*

• 18 months\*

• 24 months

• 30 months

• 3 years

• Every year after for an annual exam

 \* Vaccinations are recommended at these visits.

With the help of regular HealthChecks/Well Child Visits, we can often detect and address health problems before they become more serious. While it is good to bring your child to the clinic when he or she is feeling sick, we will not likely have as much time to do a complete well child exam. We will instead focus on your child’s illness or problem.

Please call our appointment desk at XXX-XXXX to set up an appointment. Our clinic hours are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

(Insert name of health care provider here)