Pediatric Hospital Appointment Letter

Subject: Appointment Confirmation for Your Child

Dear [Parent/Guardian's Name],

This is to confirm your child's appointment with [Pediatrician's Name] at [Hospital Name] on

[Date] at [Time]. The consultation will take place at the Pediatric Department, Room [Number].

Please ensure that you bring your child's vaccination records, previous medical history, and any

medications they are currently taking. Arriving 10â€"15 minutes earlier will help you complete

necessary paperwork.

If you need to reschedule, kindly contact us as soon as possible.

Warm regards,

[Sender's Name]

Pediatric Appointments Office

[Hospital Name]

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