

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 10–15 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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