

GREETINGS FROM YOUR PEDIATRICIAN, _____

LOCATED AT _____ (____) ____ - ____

This is to remind you that it is time for your:

- ☐ Annual Exam
- ☐ Check up for _____
- ☐ Vaccination for _____
- ☐ Follow up appointment
- ☐ Our records show that your prescription for _____ will expire on _____.
- ☐ _____ Please call our office to schedule an appointment to avoid a lapse in your medication.

We are currently scheduling for the following time period:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

Please write your appointment below as a convenient reference:

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