[ENTER DATE]

Dear Parent,

We hope all is well with you and [ENTER PATIENT NAME]. We have tried over the last several weeks to make contact with you but without success. Your last appointment with us was on [ENTER DATE]. After sending a letter on [ENTER DATE] in hopes of reaching your family we have not received a response. Our program has a policy of [INSERT clinic/hospital policy for addressing no shows].

[ENTER PATIENT NAME] should continue to receive regular medical care through his/her primary care physician. We recommend that he/she maintain regular physical activity, eat a well-balanced appropriately portioned diet and to have repeat labs as recommended by his/her primary care doctor to monitor his/her [ENTER PATIENT NAME].

If circumstances change, we would love to see you and discuss options for next steps. It is our hope to remain a resource for our patients even after they have left the program, so should you have any questions or concerns please do not hesitate to contact us at [ENTER PHONE NUMBER]. We hope that the time spent in the [ENTER PROGRAM NAME] program provided you and [ENTER PATIENT NAME] with helpful information and we wish him/her success in his/her future weight loss efforts.

Thank you,

[ENTER NAME]

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