[ENTER DATE]

Dear Family of [ENTER PATIENT NAME]:

Thank you for your interest in the [ENTER PROGRAM NAME] program. We understand from speaking with you that this is not the best time for your family to begin the program.

In the future, if you are interested in beginning [ENTER PROGRAM NAME] program, please call our referral coordinator at [ENTER PHONE NUMBER].

Enclosed is a brochure describing the programs we offer. [INSERT INFORMATION HERE ABOUT clinic/program such as: “Our programs are a fun and interactive way to help your family move towards better health”]. If you have any questions, please give us a call.

Sincerely,

[ENTER NAME]

cc: PCP

© 2017 Developed by the Children’s Hospital Association and AAP Institute for Healthy Childhood Weight