[ENTER DATE]

Dear Family of [PATIENT NAME]:

We received a referral from your child’s doctor to [ENTER PROGRAM NAME]., a pediatric weight management program. We are excited that you are interested in our program and look forward to meeting your family.

We have been unable to reach you with the contact information provided by your child’s doctor. We would like to give you our referral coordinator’s contact information so that you can contact us at your convenience. The number is [ENTER PHONE NUMBER].

We appreciate your interest in [ENTER PROGRAM NAME] and look forward to talking with you.

Sincerely,

[ENTER NAME]

cc: PCP

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