

**ER LETTER #1**

**Date**

Dear **PARENT'S NAME**,

As your Health Check Coordinator, I would like to let you know about the importance of well child check ups. Seeing **PCP NAME** regularly for well child check-ups and immunizations is important to **CHILD's NAME** good health.

**PCP's NAME** office wants to know about your child's health before **CHILD's NAME** needs emergency treatment.

When you need medical advice about your child, call **PCP NAME** during the day at **PCP TELEPHONE NUMBER**. When the office is closed, **PCP NAME** is still available for medical advice at **LIST AFTER HOURS NUMBER**.

Please call me at **HCC TELEPHONE NUMBER** if I can answer questions or if you need other information about your child's health care.

Sincerely,

HCC Name  
County Name Health Check Coordinator

**ER LETTER #2**

**Date**

Dear **PARENTS NAME:**

I am the Health Check Coordinator for **COUNTY NAME** and want to help you get the best medical care for **CHILD'S NAME**. **CHILD'S NAME** was recently treated in the emergency room. It may be important for **CHILD'S NAME** to have a follow up visit with **PCP'S NAME** office. Please call **PCP's NAME** office at **DAY TIME NUMBER** to see if a visit should be scheduled.

**PCP'S NAME** wants the best possible care for **CHILD'S NAME**. **DR'S NAME** is available to provide medical advice for **CHILD'S NAME** 24 hours a day, 7 days a week. The number to call after hours for **DR's NAME** is: **LIST AFTER HOURS NUMBER**.

Please call me at **HCC TELEPHONE NUMBER** if you have any questions or need help making the appointment with **PCP NAME**.

Sincerely,

**HCC Name**  
**County Name Health Check Coordinator**

**ER LETTER #3**

**Date**

Dear **PARENT'S NAME**,

Thank you for talking with me about your child's visit to the emergency department.

Health Check Coordinators and your **PCP NAME** make every effort to assure that **CHILD'S NAME** receives regular well child checkups and childhood immunizations. Well check-ups and immunizations are so important to your child good health for the future.

When you need medical advice about your child, call **PCP NAME** during the day at **PCP TELEPHONE NUMBER**. When the office is closed, **PCP NAME** is still available for medical advice at **LIST AFTER HOURS NUMBER**.

Please call me at **HCC TELEPHONE NUMBER** if I can answer questions or if you need other information about your child's health care.

Sincerely,

HCC Name  
County Name Health Check Coordinator

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