Date

Dr. ­­­­­\_\_\_\_\_\_\_\_\_
address
city state zip

Dear Dr \_\_\_\_\_\_\_,

We at \_\_\_\_\_\_\_\_ Pediatrics are delighted to provide medical care for children and adolescents from birth until age 21. As our patients approach young adulthood, we encourage them to prepare to choose a new Medical Home. We are often asked who is available to care for young adults, and would like to know the status of your practice regarding acceptance of new patients, and particularly of young adults.

Could you please advise us, with the attached fax-back form, (1) if you are accepting new patients, (2) how a young adult accesses your practice as a new patient, and (3) which of your providers have a particular interest in early adulthood, particularly those young people with special health care needs? One more factor would be if you provide translation services. We would like to add your name, if appropriate, to a list of possible providers to assist our patients as they transition out of Pediatric care.

Many thanks for your help. We look forward to referring our patients to you.

Sincerely,

 The Physicians of \_\_\_\_\_\_\_ Pediatrics