[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Upcoming Immunization Appointment Reminder

Dear [Patient Name or Parent/Guardian Name],

This is a reminder that you have an appointment scheduled at [Clinic Name] for an immunization.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Clinic Address/Room Number]
- **Provider:** [Provider Name, if applicable]

Please remember to bring the following items to your appointment:

- Immunization record (Yellow Card)
- Insurance card
- Photo ID

If you need to reschedule or cancel your appointment, please contact us at least 24 hours in advance at [Clinic Phone Number].

We look forward to seeing you.

Sincerely,

[Clinic Name]
[Clinic Phone Number]
[Clinic Website]