[Date]

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

Subject: Annual Influenza (Flu) Vaccination Reminder

Dear [Patient Name],

This is a reminder from [Clinic/Practice Name] that it is time for your annual flu vaccination. The health department recommends that everyone six months of age and older receive a flu shot every year to protect themselves and the community.

Flu season typically peaks during the winter months. Because it takes about two weeks for the vaccine to become fully effective, we encourage you to get vaccinated as soon as possible.

Clinic Hours for Vaccinations:

- Monday - Friday: [Opening Time] to [Closing Time]
- Saturday: [Opening Time] to [Closing Time]

How to get your shot:

- Schedule an appointment via our portal: [Website Link]
- Call our office at: [Phone Number]
- Walk-ins are welcome on: [Specific Days/Times]

Please bring your insurance card to your appointment. In most cases, the flu vaccine is covered at no cost to you.

If you have already received your flu shot elsewhere this season, please let us know so we can update your medical records.

Stay healthy,

[Provider Name/Clinic Signature]
[Clinic Name]
[Phone Number]