[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

To the Parent or Guardian of [Child's Full Name],

This is a friendly reminder from [Clinic Name] that [Child's First Name] is currently due, or will soon be due, for scheduled immunizations.

Staying up to date with the pediatric immunization schedule is the best way to protect your child from serious preventable diseases. According to our records, your child is due for the following visit:

Recommended Milestone: [e.g., 4-Month Visit / 4-Year Old Checkup]

If you have already scheduled this appointment, please disregard this notice. If you have not yet made an appointment, please call our office at [Phone Number] to schedule a time that is convenient for you.

During this visit, our pediatricians will also perform a routine wellness exam to monitor your child's growth and development.

Thank you for choosing [Clinic Name] for your child's healthcare needs.

Sincerely,

[Doctor's Name or Clinic Manager]
[Clinic Name]