[Date]

To the Parent/Guardian of: [Child's Full Name]
Date of Birth: [Child's Date of Birth]

Subject: Important: Overdue Childhood Vaccinations

Dear Parent or Guardian,

According to our records, your child is currently overdue for the following scheduled immunization(s):

- [Vaccine Name 1]
- [Vaccine Name 2]
- [Vaccine Name 3]

Vaccinations are essential to protect your child and our community from serious preventable diseases. Staying on schedule ensures your child has the best protection possible.

Please contact our office at [Phone Number] to schedule an appointment or to provide us with an updated immunization record if these shots were received elsewhere.

If you have any questions or concerns regarding these vaccines, please do not hesitate to speak with your pediatrician.

Sincerely,

[Doctor/Provider Name]
[Clinic/Facility Name]
[Address]
[Phone Number]