[Date]

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

Subject: Routine Booster Immunization Reminder

Dear [Patient Name],

According to our records, you are due for a routine booster shot. Staying up to date with immunizations is an essential part of maintaining your health as an adult, as protection from childhood vaccines can wear off over time.

Our records indicate you are eligible for the following:

- [Vaccine Name, e.g., Tdap (Tetanus, Diphtheria, and Pertussis)]

Please contact our office at [Phone Number] or visit our online portal at [URL] to schedule your appointment. If you have already received this booster at another location, please let us know so we can update your medical records.

Thank you for making your health a priority.

Sincerely,

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