[Your Name/Practice Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Dear [Patient Name],

Subject: Upcoming Travel Vaccination Consultation

This letter is to confirm your upcoming travel health consultation scheduled for [Date] at [Time].

To ensure you receive the most accurate medical advice and necessary immunizations before your trip to [Destination], please bring the following items to your appointment:

- A detailed itinerary of your trip, including specific regions and rural areas.
- Your original immunization records (Yellow Book or digital records).
- A list of current medications and any known allergies.
- Your insurance information.

Please note that some vaccinations require multiple doses or take several weeks to become fully effective. If you need to reschedule, please contact us at least 24 hours in advance.

We look forward to helping you prepare for a safe and healthy trip.

Sincerely,

[Provider Name/Signature]
[Title/Clinic Name]