[Date]

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

Subject: Reminder to complete your HPV vaccination series

Dear [Patient Name or Guardian Name],

Our records show that you (or your child) have started the Human Papillomavirus (HPV) vaccination series but have not yet completed all the required doses.

The HPV vaccine is most effective at preventing certain types of cancers when the full series is finished. Depending on the age at the first dose, the series requires either two or three shots in total. According to our files, the next dose was due on [Due Date].

To ensure the best protection, please contact our office at [Phone Number] to schedule an appointment for the remaining dose(s). You can also schedule through [Online Portal/Website].

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

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]