[Date]

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

Subject: Routine Tetanus Booster Due

Dear [Patient Name],

Our records indicate that you are due for a routine tetanus booster vaccination. Health authorities recommend a tetanus (Td or Tdap) booster every 10 years for most adults to maintain protection against tetanus, diphtheria, and pertussis (whooping cough).

Staying up to date with your immunizations is an important part of your preventative healthcare. Tetanus is a serious disease caused by bacteria often found in soil, dust, and manure that enters the body through cuts or puncture wounds.

Please contact our office at [Phone Number] to schedule a brief appointment for your vaccination. You may also schedule via our online portal at [URL].

If you have already received this booster at another clinic or pharmacy, please let us know so we can update your medical records.

Sincerely,

[Provider/Clinic Name]
[Contact Information]