[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Patient Name]
Address: [Patient Address]

Subject: Shingles Vaccination Eligibility and Reminder

Dear [Patient Name],

Our records indicate that you are now eligible to receive the Shingles (Herpes Zoster) vaccine. We are writing to encourage you to schedule an appointment to protect yourself against this painful condition and its potential complications.

Why get the Shingles vaccine?

- Shingles causes a painful skin rash and can lead to long-term nerve pain.
- The risk of developing Shingles increases as you get older.
- The current vaccine is highly effective at preventing both the virus and the persistent pain that can follow.

Vaccine Details:

The vaccine is typically administered in two doses, spaced 2 to 6 months apart. Even if you have had Shingles in the past, or previously received an older version of the vaccine, the current series is recommended for maximum protection.

Next Steps:

Please contact our office at [Phone Number] to schedule your vaccination or to discuss any questions you may have with your healthcare provider. You may also be able to receive this vaccine at your local pharmacy.

Thank you for making your health a priority.

Sincerely,

[Provider/Clinic Name]
[Practice Website]