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

[Date]

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

Subject: Annual Vaccination Update and Reminder

Dear [Patient Name],

At [Clinic Name], we are committed to your health and wellness. Our records indicate that it is time for your annual vaccination update.

Staying current with your vaccinations is the most effective way to protect yourself and your family from preventable illnesses. During this season, we are specifically recommending the following updates:

- Annual Influenza (Flu) Vaccine
- COVID-19 Booster (if eligible)
- [Insert Other Recommended Vaccine, e.g., Pneumonia or Shingles]

Please call our office at [Phone Number] or visit our online portal at [Website URL] to schedule your appointment. Many vaccinations can be completed during a quick nurse visit or your next scheduled check-up.

If you have already received these vaccinations at another location, please let us know so we can update your medical records.

Thank you for choosing us as your healthcare provider.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]