

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Immunization Record Update and Appointment Reminder

Dear [Patient Name or Parent/Guardian Name],

According to our records, it is time for [Patient Name] to receive scheduled vaccinations. Staying up to date with immunizations is essential for protecting your health and preventing the spread of preventable diseases.

Current Immunization Status:

Our records show that the following vaccines are now due:

- [Vaccine Name 1]
- [Vaccine Name 2]
- [Vaccine Name 3]

Appointment Details:

We have scheduled an appointment for you at:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Name/Address]

If you need to reschedule this appointment, please contact our office at [Phone Number] at least 24 hours in advance. Please bring your current immunization card or record to the appointment so we can update it for you.

If you believe you have already received these vaccinations elsewhere, please provide us with a copy of the documentation so we can update our medical records.

Sincerely,

[Doctor/Provider Name]

[Clinic Name]

[Contact Information]