

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder for Your Upcoming Vaccination Dose

Dear [Patient Name],

This is a reminder that you are due for the next dose in your vaccination series for [Name of Vaccine]. To ensure full protection and immunity, it is important to complete the multi-step series within the recommended timeframe.

Dose Details:

- **Vaccine:** [Vaccine Name]
- **Dose Number:** [e.g., 2 of 3]
- **Due Date:** [Date]

Please contact our office at [Phone Number] or visit our online portal at [Website URL] to schedule your appointment. If you have already received this dose at another location, please let us know so we can update your medical records.

Thank you for prioritizing your health.

Sincerely,

[Provider/Clinic Name]

[Contact Information]