

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Rescheduling of Vaccination Appointment and Future Reminder

Dear [Patient Name],

This letter is to confirm that your vaccination appointment originally scheduled for [Original Date] has been rescheduled.

**Your New Appointment Details:**

- **Date:** [New Date]
- **Time:** [New Time]
- **Location:** [Clinic/Facility Name and Address]
- **Vaccine Type:** [Vaccine Name]

If you are unable to make this new time, please contact us at [Phone Number] or [Email Address] at least 24 hours in advance to choose a different slot.

**Future Appointment Reminder:**

Please note that this vaccine requires a follow-up dose. We have tentatively scheduled your next appointment for [Future Date]. We will send a formal confirmation closer to that date.

Please bring your identification and your vaccination record card to your appointment.

Sincerely,

[Provider Name]

[Clinic/Organization Name]

[Phone Number]