

[Date]

To the Parent or Guardian of: [Child's Name]

Date of Birth: [Child's DOB]

URGENT: ACTION REQUIRED REGARDING YOUR CHILD'S HEALTH

Dear [Parent/Guardian Name],

Our records indicate that [Child's Name] is currently overdue for a critical well-child exam and the following life-saving vaccinations:

- [Insert Missing Vaccine 1]
- [Insert Missing Vaccine 2]
- [Insert Missing Vaccine 3]

Routine vaccinations are essential to protect your child and our community from serious, preventable diseases. Missing these appointments puts your child at risk for illnesses that can lead to long-term health complications or hospitalization.

Well-child visits are also vital for monitoring your child's growth, physical development, and emotional well-being. We want to ensure your child remains on track for a healthy future.

Please call our office immediately at [Phone Number] to schedule this appointment.

If your child has already received these vaccinations at another clinic, please provide us with a copy of their immunization record so we can update our files.

Sincerely,

[Doctor's Name/Clinic Name]

[Clinic Address]

[Clinic Phone Number]