

[Date]

To the Parents/Guardians of [Child's Full Name],  
[Address]  
[City, State, Zip Code]

Subject: Missed Vaccination Appointment

Dear [Parent/Guardian Name],

Our records show that [Child's Name] missed a scheduled appointment for vaccinations on [Date of Appointment].

Staying on track with the pediatric vaccination schedule is the best way to protect your child from serious preventable diseases. Timely vaccinations ensure that your child develops the necessary immunity at the safest and most effective age.

Please contact our office at [Phone Number] as soon as possible to reschedule this appointment. If you believe you have received this letter in error or if your child has received these vaccines at another clinic, please let us know so we can update our medical records.

We look forward to hearing from you and continuing to provide care for your child.

Sincerely,

[Doctor/Provider Name]  
[Practice/Clinic Name]  
[Phone Number]