

FINAL NOTICE

Date: [Insert Date]

To: [Parent/Guardian Name or Patient Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Subject: URGENT - Final Notice Regarding Missed Vaccination Schedule

Dear [Recipient Name],

Our records indicate that [Patient Name] has missed one or more required vaccinations scheduled for [Date]. This is our final reminder to schedule an appointment to bring these immunizations up to date.

Vaccinations are essential for protecting against serious preventable diseases. Please be advised that failure to complete the required vaccination schedule may result in [Insert Consequence, e.g., inability to attend school, discharge from the clinic, or public health non-compliance].

Action Required:

- Contact our office at [Phone Number] immediately to schedule an appointment.
- If the vaccination was received at another facility, please provide us with the updated immunization record as soon as possible.

If you have already scheduled an appointment or have recently completed these vaccinations, please disregard this notice.

Sincerely,

[Staff Name/Doctor Name]

[Clinic/Facility Name]

[Phone Number]