

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Missed Appointment for Seasonal Flu Vaccination

Dear [Patient Name],

Our records show that you missed your scheduled appointment for your seasonal flu vaccination on [Date of Appointment] at [Time].

Annual flu vaccination is the most effective way to protect yourself and others from the flu and its potential complications. We would like to help you get back on track with your preventative care.

Please contact our office at [Phone Number] or visit our online portal at [Website URL] to reschedule your appointment at your earliest convenience. We have several time slots available to accommodate your schedule.

If you have already received your flu vaccine elsewhere, please let us know so we can update your medical records.

Thank you for choosing [Practice/Clinic Name] for your healthcare needs.

Sincerely,

[Name of Staff/Doctor]

[Practice/Clinic Name]

[Phone Number]