

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important: Your Missed Vaccination Appointment

Dear [Patient Name],

Our records show that you missed your scheduled appointment for the [Name of Vaccine] vaccine on [Date of Appointment].

We are contacting you because your health profile indicates that you are at a higher risk for complications from [Name of Disease/Condition]. Vaccination is a critical step in protecting your health and preventing serious illness or hospitalization.

Please contact our office as soon as possible to reschedule this appointment. You can reach us at [Phone Number] or through [Patient Portal/Online Booking Link].

If you have already received this vaccine elsewhere, or if you have concerns regarding the vaccination that you would like to discuss with your provider, please let us know so we can update your medical records.

Your health and safety are our primary concerns. We look forward to hearing from you soon.

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]