

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID/DOB: [Insert ID or Date of Birth]

Subject: Notification of Missed Travel Immunization Appointment

Dear [Patient Name],

Our records indicate that you missed your scheduled appointment for travel immunizations on [Insert Date of Appointment].

To ensure you have full protection for your upcoming trip to [Insert Destination], it is important that you complete your vaccination series. Missing a dose or delaying the schedule may reduce the effectiveness of the vaccine or prevent you from meeting entry requirements for your destination.

Missed Vaccine(s):

- [Insert Vaccine Name 1]
- [Insert Vaccine Name 2]

Please contact our clinic at [Insert Phone Number] as soon as possible to reschedule. Some vaccines require multiple doses over several weeks, so we recommend booking immediately to ensure you are protected before your departure date of [Insert Departure Date].

If you have already received these vaccinations elsewhere or have decided to cancel your travel plans, please let us know so we can update your medical records.

Sincerely,

[Your Name/Signature]

[Clinic/Organization Name]

[Contact Information]