

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Subject: Missed Vaccination Appointment for [Child's Name]

Dear [Parent/Guardian Name],

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

Staying on track with the recommended newborn vaccination schedule is essential to protect your child from serious preventable diseases. Timely immunizations ensure your baby develops the necessary immunity during their most vulnerable months.

Please contact our office at [Phone Number] as soon as possible to reschedule this appointment. If your child has already received these vaccinations at another clinic, please let us know so we can update our records.

If you have any questions or concerns regarding the vaccination schedule, our medical staff is available to discuss them with you.

Sincerely,

[Doctor/Clinic Name]

[Clinic Address]

[Phone Number]