

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert Patient ID]

Subject: Missed Appointment for [Insert Disease Name] Vaccination

Dear [Insert Patient Name],

Our records show that you missed your scheduled appointment for your [Insert Disease Name] vaccination on [Insert Appointment Date].

Timely vaccination is a critical step in protecting yourself and the community from infectious diseases. Missing a dose or delaying your schedule may reduce the effectiveness of the vaccine.

We would like to help you reschedule this appointment as soon as possible. Please choose one of the following options:

- Call our office at [Insert Phone Number] during business hours.
- Visit our online patient portal at [Insert Website URL].
- Reply to this letter via email at [Insert Email Address].

If you have already received this vaccination at another location, please notify us so we can update your medical records.

If you have any questions or concerns regarding the vaccine, please do not hesitate to contact us to speak with a healthcare provider.

Sincerely,

[Your Name/Doctor's Name]

[Clinic/Facility Name]

[Contact Information]