

[Clinic Name]
[Clinic Address]
[Clinic Phone Number]
[Date]

To the Parent or Guardian of [Child's Name]:

Our records indicate that your child, [Child's Name], is currently due (or overdue) for important immunizations.

Staying up to date with the recommended pediatric vaccine schedule is the best way to protect your child from serious diseases such as whooping cough, measles, and meningitis. Vaccinations also ensure your child remains compliant with school and daycare requirements.

Please contact our office at [Clinic Phone Number] to schedule an appointment. If your child has recently received vaccinations at another clinic, please let us know so we can update our records.

Thank you for choosing [Clinic Name] for your child's healthcare.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]