

## FINAL NOTICE

Date: [Insert Date]

To the Parent or Guardian of: [Patient Name]

Date of Birth: [Patient Date of Birth]

Dear Parent or Guardian,

Our records indicate that your child is currently overdue for one or more essential immunizations. We have sent previous notifications regarding these requirements, and this is our final notice to ensure your child remains protected against preventable diseases.

According to our files, your child requires the following vaccine(s):

- [Vaccine Name 1]
- [Vaccine Name 2]
- [Vaccine Name 3]

Immunizations are critical for your child's health and are often required for continued enrollment in school or daycare programs. Delaying these vaccines can leave your child vulnerable to serious illnesses.

**Please call our office at [Phone Number] immediately to schedule an immunization appointment.**

If your child has already received these vaccinations at another clinic, please provide us with a copy of their updated immunization record so we may update our files.

Thank you for your prompt attention to your child's health.

Sincerely,

[Doctor or Clinic Name]

[Clinic Address]

[Phone Number]