

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

To the Parent or Guardian of [Patient Name],

Our records show that your child, [Patient Name], is due for important adolescent vaccinations. These vaccines are essential for protecting teenagers against serious diseases as they grow older.

According to our health records, your child is due for the following:

- [Vaccine Name, e.g., HPV (Human Papillomavirus)]
- [Vaccine Name, e.g., Meningococcal (MenACWY)]
- [Vaccine Name, e.g., Tdap (Tetanus, Diphtheria, Pertussis)]

Vaccinations are the safest and most effective way to prevent the spread of infection. Many of these vaccines are administered in a series, and it is important to complete all doses to ensure full protection.

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

Thank you for helping us keep your child and our community healthy.

Sincerely,

[Provider Name/Clinic Name]