

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Re: [Patient Name] - Date of Birth: [DOB]

Dear [Parent/Guardian Name],

We are writing because our records show that [Patient Name] missed a scheduled appointment for pediatric immunizations on [Appointment Date].

Staying on schedule with vaccinations is essential to protect your child from serious preventable diseases. Timely immunizations ensure the best immune response and help keep our community safe.

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

If you have any questions or concerns regarding the immunization schedule, we would be happy to discuss them with you.

Sincerely,

[Doctor/Clinic Name]

[Practice Name]

[Contact Information]