

[Date]

To the Parent or Guardian of [Child's Name],
Date of Birth: [Child's DOB]

Dear [Parent/Guardian Name],

According to our medical records, [Child's Name] is currently behind on one or more recommended pediatric vaccinations. Staying up to date with the immunization schedule is the best way to protect your child from serious preventable diseases.

Our records indicate that your child needs the following vaccines:

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

We have designed a "catch-up" schedule to bring your child up to date as safely and quickly as possible. Please contact our office at [Phone Number] to schedule an appointment for these vaccinations.

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

Thank you for prioritizing your child's health.

Sincerely,

[Doctor's Name/Clinic Name]
[Clinic Address]
[Clinic Phone Number]