

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To the Parents/Guardians of [Child's Name],

Congratulations on your new arrival!

Our records show that [Child's Name] is now due for their first set of routine childhood immunizations. These early vaccinations are a vital step in protecting your baby from serious diseases.

According to our schedule, your baby is due for their appointments at: **[Insert Age, e.g., 2 Months]**.

Please call our office at [Phone Number] to schedule an appointment. If you have already scheduled this visit, please disregard this notice.

If you have any questions regarding the vaccination schedule or what to expect during the visit, please feel free to ask our staff when you call.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]