

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

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

**Subject: Important: Your Annual Flu Vaccination**

Dear [Patient Name],

Our records indicate that you are eligible for a priority flu vaccination this season due to an underlying health condition. Because you are at a higher risk of developing serious complications from the influenza virus, we strongly recommend that you receive your vaccine as soon as possible.

Flu strains change every year, so even if you were vaccinated last year, you require a new dose to stay protected. The vaccine is the most effective way to reduce your risk of hospitalization and severe illness.

**How to book your appointment:**

- Call our office at [Phone Number]
- Book online through our portal at [URL]
- Visit our walk-in clinic on [Date/Time]

Please bring your insurance card and a form of identification to your appointment. If you have already received your flu vaccine elsewhere, please let us know so we can update your medical records.

Keeping our patients healthy is our top priority. We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]  
[Practice Name]