

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Priority Notification: Annual Influenza Vaccination Recommended

Dear [Patient Name],

Our records indicate that you are in a priority group for the annual influenza (flu) vaccine. Due to your specific health profile, you are at a higher risk of developing serious complications if you contract the flu.

The Centers for Disease Control and Prevention (CDC) recommends that individuals in your category receive their vaccination as early as possible to ensure maximum protection throughout the season. The vaccine is the most effective way to prevent the flu and reduce the severity of illness.

Action Required:

- Please contact our office at [Phone Number] to schedule your flu shot.
- Alternatively, you may visit our walk-in clinic during the following hours: [Insert Hours].
- You may also schedule your appointment through the patient portal at [Insert URL].

Please bring your insurance card and a form of identification to your appointment. In most cases, the flu vaccine is covered at no cost to the patient.

If you have already received your flu vaccination elsewhere this season, please notify us so we can update your medical records.

Thank you for prioritizing your health.

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]