

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Your Hepatitis Booster Vaccination is Due

Dear [Patient Name],

Our records indicate that you are now due for a follow-up booster dose of the Hepatitis [A / B / A&B] vaccine.

To ensure long-term immunity and full protection against the virus, it is important to complete the vaccination series according to the recommended schedule. Missing a booster dose may reduce the effectiveness of the initial vaccines you received.

We have scheduled a dedicated booster clinic on the following date(s):

Date: [Date of Clinic]

Time: [Time Range]

Location: [Clinic Name/Room Number]

Please call us at [Phone Number] or visit [Website/Portal] to schedule your appointment. If you have already received this booster dose at another location, please let us know so we can update your medical records.

Thank you for making your health a priority.

Sincerely,

[Doctor/Clinic Name]

[Clinic Contact Information]