[Date]

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

Subject: Routine Follow-Up Regarding Your Recent Vaccination

Dear [Patient Name],

We are contacting you to follow up after your vaccination on [Date of Vaccination] for [Type of Vaccine]. This is a routine check-in to monitor your health and ensure you are recovery well.

Please take a moment to review the following questions:

- Have you experienced any redness, swelling, or soreness at the injection site?
- Have you had a fever, chills, or fatigue since your appointment?
- Have you experienced any other unexpected symptoms?

Most minor side effects typically resolve within 24 to 48 hours. However, if you are experiencing severe symptoms, a high fever, or any reaction that concerns you, please contact our office immediately at [Phone Number] or seek medical attention.

If you are feeling well and have no concerns, no further action is required at this time. Please remember to schedule your next dose if your vaccination series requires one.

Thank you for choosing [Clinic/Organization Name] for your healthcare needs.

Sincerely,

[Provider Name/Signature]
[Clinic Name]
[Contact Information]