

[Date]

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

Our records indicate that [Child's Name] is approaching their first birthday! This is an important milestone for your child's growth and health.

At the twelve-month well-child visit, several important vaccinations are recommended to protect your child from serious diseases. These typically include:

- Measles, Mumps, and Rubella (MMR)
- Chickenpox (Varicella)
- Hepatitis A
- Pneumococcal (PCV13)
- Haemophilus influenzae type b (Hib)

Please call our office at [Phone Number] to schedule an appointment for a twelve-month checkup. During this visit, the doctor will also perform a physical exam and discuss your child's development and nutrition.

If you have already scheduled this appointment or if your child has already received these vaccinations, please disregard this notice.

We look forward to seeing you and your child soon.

Sincerely,

[Doctor's Name/Clinic Name]

[Clinic Address]

[Clinic Phone Number]