

[Your Name]
[Your Address]
[Your Phone Number]
[Date]

[Doctor's Name or Clinic Name]
[Clinic Address]
[City, State, Zip Code]

RE: FOLLOW-UP REQUEST FOR IMMUNIZATION RECORDS

Dear [Doctor Name or Office Manager],

I am writing to follow up on my previous request dated [Date of Original Request] regarding the immunization records for my child, [Child's Full Name], born on [Child's Date of Birth].

As of today, I have not yet received these documents. These records are urgently needed for [School Enrollment / Sports / Travel].

Please provide a complete copy of the vaccination history, including dates and dosages. You may send the records via:

- Email: [Your Email Address]
- Fax: [Your Fax Number, if applicable]
- Mail: [Your Mailing Address]

If there are any fees associated with this request or if you require additional authorization forms, please notify me immediately at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]