

Date: [Insert Date]

To: [Doctor's Name or Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Re: Request for Immunization Records and Missing Dose Identification

Patient Name: [Child's Full Name]

Date of Birth: [Child's Date of Birth]

To Whom It May Concern,

I am writing to formally request a complete and up-to-date copy of the immunization records for my child, named above.

I am specifically requesting that your office review my child's file to identify any missing or overdue doses according to the current CDC recommended pediatric immunization schedule. Please provide:

- A full history of all vaccinations administered at your facility.
- A list of any specific vaccines that are currently flagged as missing or late.
- A catch-up schedule or appointment recommendation to bring my child current.

Please let me know if there are any forms I need to sign or if there is a fee associated with this request. You may send the records to me via [Email Address / Mailing Address / Fax Number].

Thank you for your assistance in ensuring my child stays protected and up-to-date with their vaccinations.

Sincerely,

[Your Name]

[Your Relationship to Patient]

[Your Phone Number]