

Immunization Reminder and Follow-Up Letter

Date:

To:

Dear Parent/Guardian,

We are writing to remind you that your child,

Name:

Date of Birth:

Our records indicate that your child is due for the following immunization(s):

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Immunizations are important to protect your child against potentially serious diseases. Please schedule an appointment to receive the required vaccine(s) as soon as possible.

If your child has already received these immunizations, please provide documentation to our office so our records can be updated.

If you have any questions or need assistance, please feel free to contact us.

Sincerely,

Name:

Title:

Clinic/Organization:

Contact Information: