

# Immunization Records for Insurance Claims

Date: [Insert Date]

To Whom It May Concern,

This letter serves as confirmation of the immunization records for [Patient's Name], born on [Patient's Date of Birth]. The following immunizations have been administered:

Vaccine Name	Date Administered	Provider
[Vaccine 1]	[Date 1]	[Provider 1]
[Vaccine 2]	[Date 2]	[Provider 2]
[Vaccine 3]	[Date 3]	[Provider 3]

If further information is required, please feel free to contact our office at [Office Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]