

Immunization Appointment Confirmation

Dear [Parent/Guardian's Name],

We are pleased to inform you that your child's immunization appointment has been scheduled as follows:

- **Child's Name:** [Child's Full Name]
- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name, Address]

Please make sure to bring your child's vaccination records and arrive 10 minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for ensuring your child's health and well-being.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]