

Follow-Up Appointment Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Healthcare Facility Name]

[Healthcare Facility Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a follow-up appointment for the administration of my vaccine. I had my initial dose on [Insert Date of Initial Dose], and I would like to schedule my next appointment as recommended.

Please let me know your available dates and times for the follow-up appointment.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]