

Vaccination Record Request

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request a copy of my vaccination records for follow-up purposes. My name is [Patient's Name], and I was treated at your facility on [Date of Visit]. My date of birth is [Patient's DOB] and my patient ID is [Patient ID].

For your reference, the vaccinations I would like to obtain records of are:

- [Vaccine Name 1]
- [Vaccine Name 2]
- [Vaccine Name 3]

Thank you for your attention to this matter. I look forward to your prompt response so that I may complete my follow-up requirements.

Sincerely,

[Your Name]

[Your Contact Information]