

# Vaccination Status Notification

Dear [Patient's Name],

We hope this message finds you well. This letter serves to inform you of your current vaccination status with our practice.

**Vaccination Status:** [Vaccination Status]

**Date of Vaccination:** [Date]

**Vaccine Type:** [Vaccine Name]

If you have any questions or need further assistance regarding your vaccination status, please feel free to contact our office at [Office Phone Number] or [Office Email Address].

Thank you for your attention to this important health matter.

Sincerely,

[Your Name]

[Your Title]

[Medical Practice Name]

[Contact Information]