

Immunization Schedule Overview

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to provide you with an overview of your child's immunization schedule. Regular immunizations are essential to ensure the health and safety of our children and communities.

Immunization Schedule

Vaccine	Age	Dose
Diphtheria, Tetanus, Pertussis (DTaP)	2, 4, 6 months	3 doses
Polio (IPV)	2, 4, 6-18 months	4 doses
Measles, Mumps, Rubella (MMR)	12-15 months	2 doses
Hepatitis B (HBV)	Birth, 1-2 months, 6-18 months	3 doses
Varicella (Chickenpox)	12-15 months	2 doses

For further questions or to schedule an appointment, please contact our office at [Insert Contact Information].

Sincerely,
[Your Name]
[Your Title]
[Organization Name]