

Immunization Follow-Up Appointment

Date: [Insert Date]

Dear [Parent/Guardian's Name],

We hope this message finds you well. This is a friendly reminder regarding your child's immunization schedule. It is important to ensure that [Child's Name] receives the necessary vaccinations to protect their health and well-being.

As of now, [Child's Name] is due for the following immunizations:

- [Vaccine Name - Age/Date Due]
- [Vaccine Name - Age/Date Due]
- [Vaccine Name - Age/Date Due]

Please contact our office at [Office Phone Number] to schedule an appointment at your earliest convenience. If you have any questions or concerns about the immunizations, feel free to reach out. We are here to help!

Thank you for ensuring that [Child's Name] stays up to date with their immunizations.

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Practice Phone Number]

[Practice Address]