

Immunization Schedule Update

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Organization's Name]

Subject: Update on Immunization Schedule

Dear [Healthcare Provider's Name],

We are writing to inform you of updates to the immunization schedule effective [insert effective date]. This update includes the following changes:

- [Detail 1: Description of the change]
- [Detail 2: Description of the change]
- [Detail 3: Description of the change]

We recommend reviewing the updated schedule and making any necessary adjustments to your practices to ensure compliance.

If you have any questions or require further information, please do not hesitate to reach out to us at [contact information].

Thank you for your continued commitment to the health and well-being of our community.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]