

Infant Vaccination Schedule Confirmation

Dear [Caregiver's Name],

We are pleased to confirm the vaccination schedule for your infant, [Infant's Name]. The following vaccinations are scheduled:

- **Date:** [Date 1] - Vaccine: [Vaccine Name 1]
- **Date:** [Date 2] - Vaccine: [Vaccine Name 2]
- **Date:** [Date 3] - Vaccine: [Vaccine Name 3]

Please ensure that your infant is present for each appointment, and feel free to reach out if you have any questions or concerns.

Thank you for your commitment to your child's health!

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]