

# Infant Vaccination Schedule Notification

Dear [Parent's Name],

We hope this message finds you well. As part of our commitment to your child's health, we would like to remind you of the vaccination schedule for your infant, [Child's Name].

## Upcoming Vaccination Schedule

- **2 Months:** DTaP, IPV, Hib, PCV13, RV
- **4 Months:** DTaP, IPV, Hib, PCV13, RV
- **6 Months:** DTaP, IPV, Hib, PCV13, RV
- **12 Months:** MMR, Varicella, Hepatitis A
- **15 Months:** DTaP
- **18 Months:** Hepatitis A
- **24 Months:** MMR, Varicella (if not received)

Please ensure that your child is up to date with their vaccinations to protect them against preventable diseases.

If you have any questions or would like to schedule an appointment, please contact our office at [Office Phone Number].

Thank you for trusting us with your child's health.

Sincerely,

[Your Name]

[Your Title]

[Pediatric Practice Name]