

# Immunization Schedule Revision Notification

Dear Parent/Guardian,

We hope this message finds you well. We are writing to inform you of an important update regarding your child's immunization schedule.

As of [Date], the following changes will take effect:

- [Vaccine Name] - New administration date: [New Date]
- [Vaccine Name] - Additional dose required at: [Date]
- [Vaccine Name] - Updated recommendation: [New Recommendation]

Please ensure that your child receives the updated immunizations at the scheduled times to maintain their health and wellbeing.

If you have any questions or concerns, feel free to contact our office at [Phone Number] or [Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]