

Pediatric Vaccination Follow-Up

Date: [Insert Date]

[Provider Name]

[Provider Title]

[Healthcare Facility Name]

[Address]

[City, State, Zip Code]

[Phone Number]

Dear [Parent/Guardian Name],

We hope this letter finds you and your child in good health. This is a reminder for your child, [Child's Name], regarding their upcoming vaccination appointments. Vaccinations are crucial in maintaining your child's health and preventing various diseases.

According to our records, [Child's Name] is due for the following vaccinations:

- [Vaccine Name 1] - Due on [Due Date]
- [Vaccine Name 2] - Due on [Due Date]
- [Vaccine Name 3] - Due on [Due Date]

Please contact us at [Phone Number] to schedule an appointment or if you have any questions or concerns regarding these vaccinations.

Thank you for prioritizing your child's health. We look forward to seeing you soon!

Best regards,

[Provider Name]

[Provider Title]

[Healthcare Facility Name]