

Immunization Record Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, ZIP Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request an update to my immunization record. I believe there are several vaccinations that I have received that are not currently documented in my record.

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]

The immunizations I would like to have updated are as follows:

- [Vaccine Name] on [Date]
- [Vaccine Name] on [Date]
- [Vaccine Name] on [Date]

Please let me know if you require any further information or documentation. I appreciate your assistance in updating my records.

Thank you for your attention to this matter.

Sincerely,

[Your Name]