

# Dear [Parent's Name],

We hope this message finds you well. We are writing to inform you about a change in the pediatric immunization schedule that affects your child, [Child's Name].

## Updated Immunization Schedule

- **Vaccine:** [Vaccine Name]
- **New Date:** [New Date]
- **Original Date:** [Original Date]

Please ensure that your child receives the vaccination on the new date to maintain their immunization status. If you have any questions or need to reschedule, feel free to contact our office at [Office Phone Number].

Thank you for your understanding and cooperation.

## Best Regards,

[Your Name]

[Your Title]

[Clinic/Practice Name]

[Clinic Address]

[Clinic Email]