

Vaccination Schedule Notification

Dear [Parent/Guardian's Name],

We hope this message finds you well. This is a reminder for your child's upcoming vaccinations as part of the pediatric vaccination schedule.

Child's Name: [Child's Name]

Date of Birth: [Date of Birth]

Scheduled Vaccinations:

- [Vaccine Name] - Date: [Date]
- [Vaccine Name] - Date: [Date]
- [Vaccine Name] - Date: [Date]

Please ensure to bring your child's vaccination record on the appointment day. If you have any questions or need to reschedule, feel free to contact our office at [Phone Number] or [Email Address].

Thank you for your cooperation.

Sincerely,

[Your Clinic's Name]

[Clinic Address]

[Phone Number]

[Email Address]