

Vaccination Timeline Adjustment Notification

Dear [Parent/Guardian's Name],

We are reaching out to inform you about an adjustment to the vaccination schedule for your child, [Child's Name]. This change is in alignment with updated health guidelines to ensure the best possible care.

Revised Vaccination Schedule

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

Please mark your calendar for these important vaccinations to help protect your child and others in the community.

If you have any questions or need further assistance, feel free to contact our office at [Contact Information]. Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Practice Name]