

Letter for Vaccine Schedule Clarification

Date: [Insert Date]

To Whom It May Concern,

We are writing to clarify the pediatric vaccine schedule for your child, [Child's Name], born on [Date of Birth]. It is essential to ensure that all vaccinations are administered on time to provide optimal protection against preventable diseases.

Recommended Vaccine Schedule:

- At Birth: Hepatitis B Vaccine (1st Dose)
- 2 Months: DTaP (1st Dose), Hib (1st Dose), IPV (1st Dose), PCV13 (1st Dose), and RV (1st Dose)
- 4 Months: DTaP (2nd Dose), Hib (2nd Dose), IPV (2nd Dose), PCV13 (2nd Dose), and RV (2nd Dose)
- 6 Months: DTaP (3rd Dose), Hib (3rd Dose), IPV (3rd Dose), PCV13 (3rd Dose), and RV (3rd Dose)
- 12-15 Months: Hib (4th Dose), PCV13 (4th Dose), MMR (1st Dose), Varicella (1st Dose), and Hepatitis A (1st Dose)
- 18 Months: DTaP (4th Dose) and Hepatitis A (2nd Dose)
- 4-6 Years: DTaP (5th Dose), IPV (4th Dose), MMR (2nd Dose), and Varicella (2nd Dose)

Please ensure that these vaccinations are scheduled according to the timelines mentioned. If you have any questions or need further assistance in scheduling these vaccinations, feel free to contact our office at [Office Phone Number] or [Office Email].

Thank you for your attention to your child's health and vaccination needs.

Sincerely,

[Your Name]

[Your Title/Position]

[Practice Name]

[Practice Address]