

Immunization Check-In for Your Child

Dear [Parent/Guardian's Name],

We hope this message finds you well. We would like to remind you that it is time for your child's immunization check-in. Ensuring that your child is up to date with their vaccinations is vital for their health and safety.

Child's Name: [Child's Name]

Date of Birth: [Child's Date of Birth]

Immunization Status: [List of Immunizations Completed]

Please schedule an appointment with our office at your earliest convenience to review and complete any necessary immunizations. If you have any questions, feel free to contact us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Address]