

# Vaccination Appointment Scheduling Request

Date: [Insert Date]

To: [Insert Healthcare Provider/Clinic Name]

Address: [Insert Address]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request an appointment for my vaccination against [specify vaccine, e.g., COVID-19, Influenza] at your clinic.

My details are as follows:

- Name: [Your Name]
- Date of Birth: [Your DOB]
- Contact Number: [Your Phone Number]
- Email: [Your Email]

I am available for an appointment on the following dates and times:

- [Option 1: Date and Time]
- [Option 2: Date and Time]
- [Option 3: Date and Time]

Please let me know which date and time works best for you or if there are other available options. I appreciate your assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]