Travel Vaccination Consultation Booking

Dear [Patient's Name],

We are pleased to confirm your appointment for a travel vaccination consultation.

Appointment Details:

Date: [Appointment Date] Time: [Appointment Time]

• Location: [Clinic Name & Address]

During your consultation, our healthcare professionals will discuss necessary vaccinations based on your travel itinerary and health history.

Please bring any previous vaccination records and a list of your current medications to your appointment.

If you have any questions or need to reschedule, feel free to call us at [Clinic Phone Number] or email us at [Clinic Email Address].

We look forward to seeing you soon!

Best regards, [Your Name] [Your Title] [Clinic Name]