

IMMUNIZATION REMINDER LETTER

Patient's name: _____ DOB: _____

Dear Parent or Guardian:

Our records show that your child is due for his/her shots.

Immunizations are an important way to keep your child healthy and free from disease. Remember that immunizations work best when they are given on time.

Please come by our office for _____ to get his/her shots.
PATIENT'S FIRST NAME

We recommend that you come in next week to take care of these very important immunizations before you forget. No appointment is needed for routine shots. Please see below for our office walk-in hours for immunizations. If your child also needs a physical, that can be scheduled at another time.

We hope to see you soon!

Sincerely,

[PHYSICIAN'S NAME]

[PRACTICE NAME AND HOURS OF OPERATION]



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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