

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: FVRCPC Vaccination Confirmation

This letter serves to confirm that [Patient's Name] has received the FVRCPC vaccination as part of their immunization schedule. The details of the vaccination are as follows:

- **Patient Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Vaccine Received:** FVRCPC
- **Date of Administration:** [Date of Vaccination]
- **Administered By:** [Name of Healthcare Provider]
- **Clinic/Facility Name:** [Name of Clinic/Facility]
- **Contact Information:** [Clinic/Facility Phone Number]

Please retain this letter as proof of vaccination. If you have any further questions or require additional information, feel free to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization's Contact Information]