

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Confirmation of FVRCPC Vaccination Completion

We are pleased to inform you that [Recipient's Name or Patient ID] has successfully completed the FVRCPC vaccination regimen as per the required schedule.

Details of the vaccination are as follows:

- Vaccination Series: FVRCPC
- Completion Date: [Date of Completion]
- Vaccine Lot Number: [Lot Number]
- Administering Clinic: [Clinic Name]

This letter serves as official documentation of the vaccination completion. Please keep this for your records.

If you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]

[Signature]