

[Your Clinic/Practice Name]
[Your Clinic/Practice Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]

[Date]

[Recipient Name]
[Recipient Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: FVRCPC Vaccination Confirmation

I am writing to confirm that [Patient Name], born on [Patient Date of Birth], has received the FVRCPC vaccination as part of their immunization schedule.

Details of the vaccination are as follows:

- Vaccine Administered: FVRCPC
- Date of Administration: [Date of Vaccination]
- Dose: [Dose Information]
- Administered by: [Name of the Healthcare Provider]
- Clinic Name: [Your Clinic/Practice Name]

Please retain this letter for your records. If you have any questions or require further information, feel free to contact our office at [Phone Number] or [Email Address].

Thank you for your attention to this important health matter.

Sincerely,

[Your Name]
[Your Title]
[Your Clinic/Practice Name]