

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request an appointment for the Measles, Mumps, and Rubella (MMR) vaccine for [myself/my child, Name of Child, if applicable].

Please let me know the available dates and times for this vaccine appointment. I am looking to have this scheduled at your earliest convenience.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]