

[Your Clinic/Organization Letterhead]

[Date]

[Healthcare Provider's Name]

[Healthcare Provider's Title]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

Subject: Follow-Up on MMR Vaccination

We hope this letter finds you well. This is a follow-up regarding the measles, mumps, and rubella (MMR) vaccination status for your patients.

It is important to ensure that all children receive the recommended doses of the MMR vaccine to protect against these preventable diseases.

As part of our initiative to improve vaccination rates, we kindly remind you to review and update your records for patients who may be due for their MMR vaccinations. The CDC recommends that children receive two doses of the MMR vaccine: the first dose at 12-15 months and the second dose at 4-6 years of age.

Please encourage parents to keep an updated vaccination record and discuss any questions or concerns they may have about the vaccine. If you need additional resources or support, do not hesitate to reach out to us. Thank you for your commitment to the health and wellness of the community.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Organization]

[Contact Information]