

[Your Healthcare Facility's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter is to confirm that [Patient's Name], date of birth [Patient's Date of Birth], has completed the MMR (Measles, Mumps, and Rubella) vaccination series.

Vaccination details are as follows:

- Dose 1: Administered on [Date]

- Dose 2: Administered on [Date]

This completion of the MMR vaccination provides essential protection against these diseases. If you have any questions, please do not hesitate to contact our office.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]