

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

Dear [Recipient's Name],

I hope this message finds you well. I am writing to confirm my appointment for the Tdap vaccine.

****Appointment Details:****

- ****Date:**** [Insert Date]
- ****Time:**** [Insert Time]
- ****Location:**** [Insert Clinic/Hospital Name and Address]

Please let me know if there are any forms or information required prior to my appointment. Thank you for your assistance.

Sincerely,
[Your Name]