

[Your Name]
[Your Title/Position]
[Your Organization/Institution]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title/Position]
[Recipient Organization/Institution]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm that [Patient's Full Name], [Date of Birth], has received the Tdap (Tetanus, Diphtheria, and Pertussis) vaccine. This vaccination was administered on [Date of Vaccination] at [Facility Name]. The Tdap vaccine is a crucial immunization that helps protect against these serious diseases. Please find the relevant details below:

- Vaccine Name: Tdap
- Manufacturer: [Manufacturer Name]
- Lot Number: [Lot Number]
- Administration Date: [Date of Vaccination]
- Administered by: [Name of Healthcare Provider]

If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Organization/Institution]