

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request the MMR (measles, mumps, and rubella) vaccination for my [son/daughter], [Child's Name], who is [Child's Age] years old.

Considering the importance of immunizations in preventing these diseases, I would like to ensure that [he/she/they] is up to date with [his/her/their] vaccinations. Please let me know the available dates for an appointment.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]