

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Healthcare Provider/Facility Name]
[Address]
[City, State, Zip Code]

Subject: Request for MMR Immunization Records

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request my immunization records, specifically regarding the Measles, Mumps, and Rubella (MMR) vaccine.

For your reference, my details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]

Please let me know if there are any forms I need to complete or if further information is required to process my request.

Thank you for your assistance.

Sincerely,

[Your Name]