

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Healthcare Provider/Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm my appointment for the MMR (Measles, Mumps, and Rubella) vaccination.

****Appointment Details:****

- ****Date:**** [Appointment Date]
- ****Time:**** [Appointment Time]
- ****Location:**** [Clinic/Facility Name and Address]

Please let me know if there are any documents or information I should bring with me to the appointment.

Thank you for your assistance. I look forward to my visit.

Sincerely,
[Your Name]