

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

[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Referral for MMR Vaccination

1. ****Introduction****

- State the purpose of the letter.
- Briefly explain the importance of the MMR vaccine.

2. ****Patient Details****

- Include patient's name, date of birth, and relevant medical history pertaining to vaccinations.

3. ****Referral Reason****

- Describe why the referral is necessary (e.g., age, health considerations).
- Mention any previous vaccination history.

4. ****Recommendations****

- Suggest the preferred actions for the recipient (e.g., scheduling an appointment, further evaluation).

5. ****Conclusion****

- Express willingness to provide further information if needed.
- Thank the recipient for their attention to this matter.

Sincerely,

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