

[Your Clinic/Practice Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian Name],

We are writing to inform you that your child, [Child's Name], is due for the MMR (Measles, Mumps, and Rubella) vaccine. The MMR vaccine is a vital immunization that protects against three serious diseases: measles, mumps, and rubella.

****Vaccine Details:****

- ****Vaccine Name:**** MMR (Measles, Mumps, Rubella)

- ****Recommended Age:**** [Insert appropriate age or schedule]

- ****Administration Date:**** [Insert date of vaccination]

- ****Location:**** [Insert location of vaccination]

****Important Information:****

- Please bring your child's immunization record to the appointment.

- If your child is feeling unwell or has a fever, please reschedule the appointment for a later date.

To confirm your appointment or if you have any questions regarding the MMR vaccine, please feel free to contact our office at [Phone Number] or [Email Address].

Thank you for taking an active role in your child's health and well-being.

Sincerely,

[Your Name]

[Your Position]

[Your Clinic/Practice Name]