

# Notification of Vaccination Letter

Dear Doctor or Nurse at \_\_\_\_\_ :  
Patient's primary care clinic

We have recently provided vaccination services to one of your patients. A personal immunization record card was filled out and given to the patient. We want to make certain that you, too, have this information so that you can update your patient's medical record. Please contact us if you have any questions about this information.

Patient's name: \_\_\_\_\_ Patient's birthdate: \_\_\_\_\_

(For a child, parent's name: \_\_\_\_\_ Parent's birthdate: \_\_\_\_\_)

The vaccines that were given on \_\_\_\_\_ are checked below.  
Date

<b>Vaccine</b>	<b>Vaccine</b>
<input type="checkbox"/> Hepatitis B (____ mL) <input type="checkbox"/> DTaP <input type="checkbox"/> DTaP-HepB-IPV (Pediarix) <input type="checkbox"/> DTaP/Hib (Trihibit) <input type="checkbox"/> DTaP-IPV (Kinrix) <input type="checkbox"/> DTaP-IPV/Hib (Pentacel) <input type="checkbox"/> DT <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> Hib <input type="checkbox"/> Hib-HepB (Comvax) <input type="checkbox"/> Pneumococcal conjugate (PCV) <input type="checkbox"/> Pneumococcal polysaccharide (PPV) <input type="checkbox"/> IPV (Polio)	<input type="checkbox"/> Rotavirus ( <input type="checkbox"/> RV1 [Rotarix], <input type="checkbox"/> RV5 [RotaTeq]) <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> MMRV (ProQuad) <input type="checkbox"/> Hepatitis A <input type="checkbox"/> HepA-HepB (Twinrix) <input type="checkbox"/> Human papillomavirus (HPV) <input type="checkbox"/> Meningococcal conjugate (MCV4) <input type="checkbox"/> Meningococcal polysaccharide (MPSV) <input type="checkbox"/> Influenza (injectable) <input type="checkbox"/> Influenza (intranasal) <input type="checkbox"/> Zoster (shingles) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Name of clinic providing services	Address	City, State, Zip
Contact Person	Email address	Phone number