Date

Dear _____,
Patient's Name

Today you received the following vaccine(s):

Vaccine Name	Manufacturer and Lot No.
Vaccine Name	Manufacturer and Lot No.
Vaccine Name	Manufacturer and Lot No.

We're sending notification to your health care provider's office confirming that you received the vaccine(s) listed above.

It's a good idea to keep this document with your other health records. That way, you can always refer to it to see exactly what vaccine(s) you received and when you were vaccinated.

If you have any questions or concerns, please use the contact information below to get in touch with us.

Thank you for allowing us to play an important role in your health care. We look forward to serving your needs in the future.

Sincerely,

Pharmacy stamp here

Provided as an Educational Resource by Merck.

Reference: 1. Centers for Disease Control and Prevention (CDC). Vaccine Information Statements (VISs). CDC website: https://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html#give. Last update: July 5, 2017.

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