Notification of Vaccination Letter

Dear Doctor _____:
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 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 birth date: _____

The vaccines that were given on _____ are checked below.
Date

❑ Hepatitis B (____ mL) ❑ DTaP-Hib (Trihibit) ❑ Tdap ❑ Td ❑ Hib-HepB (Comvax) ❑ Pneumococcal polysaccharide (PPV) ❑ MMR ❑ Varicella ❑ MMRV (ProQuad)	❑ Hepatitis A ❑ HepA-HepB (Twinrix) ❑ Meningococcal conjugate (MCV4) ❑ Meningococcal polysaccharide (MPSV4) ❑ Influenza (injectable) ❑ Influenza (intranasal) ❑ Zoster (shingles) ❑ Other _____
Injection Site: R / L Deltoid IM *circle one* Manufacturer: _____ Exp. Date: _____	

[Pharmacy Name]	Pharmacist: