



Dear _____
Patient's Name



Today you received the following vaccine(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Vaccine Name	Manufacturer	Lot No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Vaccine Name	Manufacturer	Lot No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Vaccine Name	Manufacturer	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.