

Reminder! Return for a second dose!

BronxCare Hospital Center
COVID-19 Vaccine 2nd Dose Reminder

You have received the first dose of your COVID-19 Vaccine on _____ (mm/dd/yyyy).

Vaccine Manufacturer: _____

Please return for your 2nd dose on _____ (mm/dd/yyyy)
at the following address at _____ AM/PM.

BronxCare Hospital Center
2nd Floor, Murray Cohen Auditorium
1650 Grand Concourse
The Bronx, NY 10457

Bring your vaccination record to your appointment.

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