

Healthcare Provider Absence Notification

Date: [Insert Date]

To Whom It May Concern,

This letter is to inform you that [Provider's Name], [Provider's Title] at [Healthcare Facility Name], will be unable to provide services from [Start Date] to [End Date] due to [Reason for Absence].

During this time, please contact [Alternative Provider's Name or Contact Information] for any urgent matters or assistance you may require.

We apologize for any inconvenience this may cause and appreciate your understanding in this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]