

Visiting Hours Confirmation

Dear [Patient's Name] and Family,

We are writing to confirm your visiting hours at [Facility/Clinic Name]. Your scheduled visit details are as follows:

- **Date:** [Date]
- **Time:** [Time]
- **Duration:** [Duration]
- **Location:** [Room/Area]

Please ensure you arrive 10 minutes prior to your scheduled time. If you have any questions or need to make changes, feel free to contact us at [Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Position]
[Facility/Clinic Name]