

Patient Admission Requirements

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are pleased to inform you that your admission to [Hospital/Facility Name] has been scheduled for [Admission Date]. To ensure a smooth admission process, please find below the requirements you need to fulfill:

- Completed admission forms (attached).
- Copy of your identification (e.g., driver's license, passport).
- Insurance information and card (if applicable).
- List of medications currently being taken.
- Relevant medical history documents.

If you have any questions or require assistance ahead of your admission, please do not hesitate to contact our admissions office at [Phone Number] or [Email Address]. We look forward to welcoming you.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Facility Name]

[Contact Information]