

# Out-of-Hours Healthcare Assistance

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This letter is to inform you about our out-of-hours healthcare assistance services available for any urgent medical needs that may arise outside regular office hours.

If you experience a health issue after hours, please do not hesitate to contact our dedicated on-call service at [Insert Contact Number]. Our qualified medical staff will be available to assist you and provide the necessary care and guidance.

For non-emergency situations, we encourage you to reach out during our regular office hours at [Insert Office Hours and Contact Number].

Your health and well-being are our top priority. Please take care, and do not hesitate to reach out if you need any assistance.

Best regards,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]