

Inpatient Admission Notification

Date: [Insert Date]

To Whom It May Concern,

This letter is to notify you of the inpatient admission of [**Patient's Name**], [**Patient's Age**] years old, to our cardiovascular care unit.

Patient Information:

Admission Date: [Insert Admission Date]

Medical Record Number: [Insert MRN]

Primary Diagnosis: [Insert Diagnosis]

Attending Physician: [Insert Physician's Name]

The patient was admitted due to [brief description of the reason for admission]. The treatment plan includes [brief overview of the treatment plan].

For any questions or additional information, please contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Hospital/Facility Name]

[Your Contact Information]