

# Inpatient Admission Notification

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that you have been admitted to our maternity services for your upcoming delivery. Below are the details of your admission:

- **Admission Date:** [Insert Admission Date]
- **Expected Due Date:** [Insert Due Date]
- **Room Number:** [Insert Room Number]
- **Contact Number:** [Insert Hospital Contact Number]

Please bring along any necessary documents, including your insurance information and identification. We encourage you to contact our maternity ward at [Insert Contact Number] for any questions or concerns regarding your stay.

We look forward to providing you with the best care during this special time.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Hospital Contact Information]