

# Inpatient Admission Notification

Date: \_\_\_\_\_

To: [Parent/Guardian's Name]

Address: [Parent/Guardian's Address]

City, State, Zip: [City, State, Zip]

Dear [Parent/Guardian's Name],

We are writing to inform you that your child, [Child's Full Name], has been admitted to [Hospital Name] as of [Admission Date]. The reason for admission is [reason for admission].

Your child's attending physician will be Dr. [Doctor's Name], and you can reach them through the hospital's main line at [Hospital's Phone Number].

Please be assured that our team is committed to providing the highest level of care for your child. We will keep you updated on their condition. Should you have any questions or concerns, do not hesitate to contact us.

Thank you for entrusting us with your child's care.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]