

Inpatient Admission Notification

Date: [Insert Date]

Hospital Name: [Insert Hospital Name]

Address: [Insert Hospital Address]

Contact Number: [Insert Contact Number]

Dear [Patient's Name],

We are pleased to inform you that your admission for surgical procedure is scheduled as follows:

Admission Date: [Insert Admission Date]

Surgery Date: [Insert Surgery Date]

Department: [Insert Department]

Surgeon: [Insert Surgeon's Name]

Please arrive at the hospital by [Insert Time] for pre-operative preparation. Ensure you have completed all required pre-admission paperwork and have followed the pre-surgery instructions provided.

Should you have any questions or concerns regarding your admission or the procedure, please do not hesitate to contact our office at [Insert Contact Number].

Thank you for choosing [Insert Hospital Name]. We wish you a successful procedure and a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Insert Hospital Name]