

Maternity Care Information Acknowledgement

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We would like to acknowledge the receipt of your maternity care information. This letter serves as confirmation that we have received the necessary documentation related to your maternity care.

Your health and well-being, as well as that of your baby, are our top priorities. Please do not hesitate to reach out if you have any questions or need further assistance regarding your maternity care.

Thank you for choosing us as your care provider.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]