

Notification of Change in Maternity Care Information

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you of an update regarding your maternity care information. Please find the details of the changes below:

Changes in Maternity Care Information

- **Change Type:** [Type of Change]
- **Previous Information:** [Details of Previous Information]
- **New Information:** [Details of New Information]
- **Effective Date:** [Effective Date]

If you have any questions or require further assistance, please do not hesitate to contact our office at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]