

Maternity Care Information Confirmation

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this message finds you well. We are writing to confirm the details regarding your maternity care information.

Patient Information:

Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Expected Due Date: [Expected Due Date]

Care Team:

Primary Care Provider: [Provider's Name]

Contact Number: [Provider's Contact Number]

Upcoming Appointments:

- [Date & Time of Appointment 1] - [Location]
- [Date & Time of Appointment 2] - [Location]

Additional Information:

Please feel free to reach out if you have any questions or need further information regarding your maternity care.

Thank you for choosing us for your care.

Sincerely,

[Your Name]

[Your Title/Position]

[Clinic/Hospital Name]

[Contact Information]