

# Enrollment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your enrollment in the Cardiology Rehabilitation Program at [Hospital/Clinic Name]. Your commitment to your cardiovascular health is commendable, and we look forward to supporting you on your journey to recovery.

Your program details are as follows:

- Start Date: [Insert Start Date]
- Location: [Insert Location]
- Schedule: [Insert Weekly Schedule]
- Program Duration: [Insert Duration]

Please arrive 15 minutes early on your first day to complete the necessary paperwork. If you have any questions or need further assistance, feel free to reach out to us at [Insert Contact Information].

Thank you for choosing [Hospital/Clinic Name]. We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]