

Enrollment Confirmation for Cardiac Rehabilitation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient Name],

We are pleased to confirm your enrollment in the Cardiac Rehabilitation program at [Facility Name]. Your participation is an important step towards improving your heart health and overall well-being.

Your program will start on [Start Date] and will take place on [Days and Times]. Please arrive at least 15 minutes early to complete any necessary paperwork.

During the program, you will receive personalized guidance from our team of healthcare professionals, including exercise training, education on heart-healthy living, and support for managing your condition.

If you have any questions or need to reschedule, please do not hesitate to contact us at [Contact Information]. We look forward to supporting you on your journey to better health.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Facility Address]

[Contact Information]