

# Hospital Admission Confirmation

Dear [Patient's Name],

We are pleased to confirm your hospital admission for the scheduled procedure.

**Date of Admission:** [Admission Date]

**Time of Admission:** [Admission Time]

**Procedure:** [Name of Procedure]

**Location:** [Hospital Name & Department]

Please arrive at least [Number of Hours] hours before your scheduled time to complete the necessary paperwork and preparations.

If you have any questions or need to reschedule, please contact us at [Contact Number] or [Email Address].

We look forward to taking care of you.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Contact Information]