

Emergency Contact Information

Date: [Insert Date]

To Whom It May Concern,

After your recent discharge from [Insert Facility/Institution Name], we want to ensure that you have the necessary emergency contact information for your ongoing care and well-being.

Your Emergency Contacts:

- **Name:** [Contact Name 1]
- **Relationship:** [Relationship to Patient]
- **Phone Number:** [Phone Number]

- **Name:** [Contact Name 2]
- **Relationship:** [Relationship to Patient]
- **Phone Number:** [Phone Number]

If you have any questions or need assistance, please do not hesitate to reach out to us at [Insert Facility Phone Number] or [Insert Facility Email].

Wishing you a smooth recovery.

Sincerely,

[Your Name]

[Your Title]

[Insert Facility/Institution Name]