

Confirmation of Participation in Healthcare Network Expansion Efforts

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally confirm my participation in the healthcare network expansion efforts outlined in our recent discussions. I am committed to collaborating with all stakeholders to enhance the quality and accessibility of healthcare services in our community.

Please find attached any relevant documents and preliminary information needed for our upcoming meetings. I look forward to working together to make a meaningful impact.

Thank you for this opportunity.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]