

Verification of Urgent Care Session

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify that [Patient's Name], attended an urgent care session on [Date of Visit] at [Clinic/Hospital Name]. The reason for the visit was [Brief Description of the Reason].

The session lasted approximately [Duration of Visit] and included the following services: [List of Services Provided].

If you require any further information, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]

[Contact Information]