

Service Interruption Advisory

Date: [Insert Date]

Dear Valued Patients,

We would like to inform you that our outpatient clinic services will be temporarily interrupted due to [reason for interruption] from [start date] to [end date].

During this period, we will not be able to accommodate in-person appointments. However, we are committed to ensuring you have access to necessary care, and you can reach us through [contact information] for any urgent concerns.

We apologize for any inconvenience this may cause and appreciate your understanding and patience as we work to resolve this matter.

Sincerely,

[Your Name]

[Your Position]

[Clinic Name]

[Contact Information]