

Enrollment Confirmation for Maternity Care

Dear [Recipient's Name],

We are pleased to confirm your enrollment in our Maternity Care Program. Your anticipated due date is [Due Date], and we look forward to supporting you throughout your pregnancy journey.

Your enrollment details are as follows:

- **Patient ID:** [Patient ID]
- **Primary Care Provider:** [Provider's Name]
- **Contact Number:** [Provider's Contact Number]
- **Scheduled Appointments:**
 - [Date & Time of Appointment 1]
 - [Date & Time of Appointment 2]

If you have any questions or require further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for choosing our services. We are excited to be a part of this special time in your life.

Warm regards,

[Your Organization's Name]

[Your Organization's Contact Information]