

Senior Healthcare Support Services

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We hope this letter finds you in good health and spirits. As part of our commitment to providing high-quality care for our clients, it is essential that we maintain up-to-date emergency contact information.

We kindly request that you review and update the emergency contact details we have on file for you. Please provide us with the following information:

- Name of Emergency Contact:
- Relationship to You:
- Phone Number:
- Email Address (if applicable):

Please return this form to us by [Insert Deadline Date]. You may reach us at [Insert Phone Number] or [Insert Email Address] if you have any questions or need assistance.

Thank you for your attention to this important matter. We appreciate your cooperation in helping us ensure your safety and well-being.

Sincerely,

[Your Name]

[Your Title]

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