

Confirmation of Inpatient Registration

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to confirm your registration for inpatient care at [Hospital/Clinic Name]. Below are the details of your registration:

Patient ID: [Patient ID]

Admission Date: [Admission Date]

Expected Discharge Date: [Discharge Date]

Room Number: [Room Number]

Consulting Physician: [Physician's Name]

Please arrive at the hospital on the admission date by [Time]. If you have any questions or need to reschedule, do not hesitate to contact us at [Hospital Phone Number].

Thank you for choosing [Hospital/Clinic Name]. We look forward to providing you with the best possible care.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]