

# Outpatient Registration Acknowledgment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient Name],

Thank you for choosing [Clinic/Hospital Name] for your healthcare needs. We are pleased to confirm that your outpatient registration has been successfully processed.

Your registration details are as follows:

- Appointment Date: [Insert Appointment Date]
- Time: [Insert Appointment Time]
- Department: [Insert Department Name]
- Provider: [Insert Provider Name]

Should you have any questions or need to reschedule, please do not hesitate to contact us at [Insert Contact Number] or [Insert Email Address].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]

[Address]

[Phone Number]

[Email]