

Confirmation of Medical Provider Contact Details

Date: [Insert Date]

To Whom It May Concern:

This letter is to confirm the contact details of our medical provider:

Provider's Name: [Provider's Name]

Practice Name: [Practice Name]

Address: [Provider's Address]

Phone Number: [Provider's Phone Number]

Email: [Provider's Email]

If you have any questions or require further information, please do not hesitate to contact us.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]