

# Request for Resumption of Healthcare Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the resumption of healthcare services at [Facility/Service Name], which has been temporarily suspended due to [reason for suspension].

As a patient who relies on these services for [specific healthcare needs], I am concerned about the impact this delay has had on my health and well-being. I kindly ask you to inform me about the timeline for resuming services and any measures being taken to ensure patient safety upon reopening.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]