

# Critical Care Facility Registration Information

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that your application for registration of the critical care facility located at [Facility Address] has been received. Below are the important details regarding your registration:

## Facility Details

- **Facility Name:** [Facility Name]
- **Facility Type:** [Type of Facility]
- **Registration Number:** [Registration Number]
- **Effective Date:** [Effective Date]
- **Expiry Date:** [Expiry Date]

## Contact Information

If you have any questions or require further assistance, please do not hesitate to contact us at:

- **Phone:** [Phone Number]
- **Email:** [Email Address]

Thank you for your attention to this important matter. We look forward to supporting your facility in delivering critical care services.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]