

Patient Care Emergency Contact Reassignment

Date: [Insert Date]

To Whom It May Concern,

This letter serves to inform you of the reassignment of the emergency contact for patient **[Patient's Full Name]**, whose date of birth is **[Patient's Date of Birth]**.

The previous emergency contact, **[Previous Contact's Name]**, can no longer serve in this capacity. The new emergency contact for the patient will be **[New Contact's Name]**, with the following details:

- Relationship to Patient: [Relationship]
- Phone Number: [Phone Number]
- Email Address: [Email Address]
- Address: [Address]

Please update your records accordingly. Should you require any further information or confirmation, do not hesitate to contact me at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]