

# Hospital Admission Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Admission Date: [Insert Admission Date]

Admission Time: [Insert Admission Time]

Department: Critical Care Unit

Referring Physician: [Insert Physician Name]

Contact Information: [Insert Hospital Contact Information]

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Dear [Patient Name],

This letter is to confirm your admission to [Hospital Name] in the Critical Care Unit. Our medical team is dedicated to providing you with the highest level of care during your stay.

Please ensure that you bring any necessary personal items and medical records with you for your admission.

If you have any questions or need further assistance, feel free to contact us at [Insert Phone Number] or [Insert Email Address].

Wishing you a smooth admission process and a swift recovery.

Sincerely,

[Insert Hospital Administrator Name]

[Insert Hospital Name]