

Hospital Admission Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to inform you that your admission for diagnostic testing at [Hospital Name] has been confirmed.

Admission Details:

- Admission Date: [Insert Admission Date]
- Admission Time: [Insert Admission Time]
- Department: [Insert Department]
- Testing Type: [Insert Type of Diagnostic Testing]

Please arrive at least 30 minutes prior to your scheduled time to complete the necessary paperwork.

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

Thank you for choosing [Hospital Name]. We look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Hospital Address]

[Contact Information]