

Hospital Admission Confirmation

Dear [Patient's Name],

We are pleased to confirm your admission to [Hospital Name] for long-term care. Below are the details of your admission:

- **Admission Date:** [Admission Date]
- **Room Number:** [Room Number]
- **Admissions Coordinator:** [Coordinator's Name]
- **Contact Information:** [Coordinator's Phone/Email]

Please ensure to bring the following items on your admission day:

- Identification
- Insurance Information
- Current Medications

If you have any questions or require further assistance, feel free to reach out to our admissions team.

We look forward to providing you with the care you need.

Sincerely,

[Your Name]
[Your Job Title]
[Hospital Name]
[Contact Information]