

# Hospital Admission Confirmation

Date: [Insert Date]

Dear [Parent/Guardian's Name],

We are pleased to inform you that your child, [Child's Name], has been successfully admitted to [Hospital Name]. Below are the details of the admission:

- Admission Date: [Insert Admission Date]
- Patient ID: [Insert Patient ID]
- Department: [Insert Department]
- Room Number: [Insert Room Number]
- Attending Physician: [Insert Physician's Name]

If you have any questions or need further assistance, please do not hesitate to contact us at [Hospital Contact Number].

Thank you for choosing [Hospital Name]. We wish your child a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]

[Hospital Address]

[Hospital Phone Number]