

Hospital Admission Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Phone: [Insert Patient Phone Number]

Dear [Patient Name],

We are pleased to confirm your admission to [Hospital Name] for your planned outpatient procedure on [Insert Procedure Date].

Please arrive at the hospital at [Insert Arrival Time] and check in at the [Insert Check-In Location]. Your procedure is scheduled for [Insert Time] and is expected to take approximately [Insert Duration].

For your convenience, please bring the following items:

- Insurance information
- Identification (e.g., driver's license or ID card)
- Any necessary medical records or referrals

If you have any questions or need to reschedule, please contact our admissions office at [Insert Contact Number].

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

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Contact Information]