

Hospital Admission Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Thank you for choosing [Hospital Name] for your rehabilitation stay. We are pleased to confirm your admission to our facility.

Admission Details:

- **Admission Date:** [Insert Admission Date]
- **Expected Discharge Date:** [Insert Discharge Date]
- **Room Number:** [Insert Room Number]
- **Rehabilitation Program:** [Insert Program Details]

Please arrive at the hospital at [Insert Arrival Time] on your admission date. Ensure to bring along any necessary documents and personal items.

If you have any questions or need further assistance, feel free to contact our admissions office at [Insert Contact Number] or [Insert Email Address].

We look forward to providing you with the best care during your rehabilitation stay.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]