

Hospital Admission Confirmation

Dear [Patient's Name],

We are pleased to confirm your admission to [Hospital Name] for your scheduled surgical procedure.

Date of Admission: [Date]

Time of Admission: [Time]

Procedure: [Surgical Procedure Name]

Please arrive at least [X hours] before your scheduled procedure for pre-operative preparations.

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

Thank you, and we look forward to providing you with excellent care.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]

[Hospital Contact Information]