

Outpatient Service Information Request Response

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to respond to your request for information regarding our outpatient services. We appreciate your interest in our facility and the care we provide.

Our outpatient services include:

- Primary Care
- Specialty Consultations
- Diagnostic Testing
- Therapeutic Services
- Preventive Care

To schedule an appointment or for more detailed information about our services, please contact our office at [Office Phone Number] or visit our website at [Website URL].

Thank you for considering our outpatient services. If you have any further questions or require additional information, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Organization Address]

[City, State, Zip Code]

[Phone Number]