

Patient Registration Acknowledgment

Date: [Insert Date]

Dear [Patient's Name],

Thank you for choosing [Your Practice/Clinic Name] for your healthcare needs. We have received your initial registration information and want to confirm that your details have been successfully recorded in our system.

Your registered information includes:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Contact Number: [Patient's Contact Number]
- Email Address: [Patient's Email]

Please review the information provided and let us know if any corrections are necessary. Our office will reach out to you shortly to schedule your first appointment.

If you have any questions or require further assistance, do not hesitate to contact us at [Your Practice/Clinic Phone Number] or [Your Practice/Clinic Email Address].

We look forward to serving you!

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Clinic Name]

[Your Practice/Clinic Address]

[Your Practice/Clinic Phone Number]