

Hospital Visitor Approval Letter

Date: [Insert Date]

To: [Visitor's Name]

Address: [Visitor's Address]

Dear [Visitor's Name],

We are writing to inform you about the visitation approval process due to special circumstances regarding the patient, [Patient's Name], who is currently receiving care at [Hospital Name].

In light of the situation, we have established some guidelines to ensure the safety and well-being of all patients and visitors. Please follow the instructions below:

1. Submit a request for visitation to the hospital administration at least [Insert Timeframe].
2. Provide information regarding your relationship with the patient.
3. Adhere to all hospital visitation policies, including personal protective equipment (PPE) requirements.

Once your request is reviewed, you will receive confirmation along with the designated visitation time. We appreciate your understanding and cooperation during these challenging times.

Thank you for your commitment to the care of our patients.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Contact Information]