

Welcome to [Hospital Name]

Dear [Patient's Name],

We are glad you have chosen [Hospital Name] for your healthcare needs. To ensure a smooth visit, please find below important parking instructions:

Parking Location

Please use the [Parking Lot Name/Number] located at [Address or Location Details].

Parking Fee

The parking fee is \$[Amount] for [Duration]. Payment can be made at the machine located in the parking area or via our mobile app.

Accessible Parking

Accessible parking spaces are available near the main entrance. Please ensure you have the appropriate permit displayed.

Operating Hours

Our parking facility is open [Hours of Operation].

Contact Information

If you have any questions or require assistance, please contact our parking service team at [Phone Number] or [Email Address].

Thank you for choosing [Hospital Name]. We look forward to serving you!

Sincerely,
[Hospital Administration]