

Hospital Maternity Care Services

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your admission to [Hospital Name] for maternity care services. Below are the details regarding your upcoming admission:

Admission Details

- **Admission Date:** [Insert Admission Date]
- **Time:** [Insert Admission Time]
- **Ward/Room Number:** [Insert Ward/Room Number]
- **Expected Delivery Date:** [Insert Expected Delivery Date]

What to Bring

Please remember to bring the following items:

- Personal identification documents
- Insurance information
- Comfortable clothing
- Toiletries

Contact Information

If you have any questions or need further assistance, please do not hesitate to contact us at:

Phone: [Hospital Phone Number]

Email: [Hospital Email Address]

We look forward to providing you with the best care possible during this special time.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]