Orthopedic Service Consultation Availability

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to announce the availability of our orthopedic consultation services at [Clinic/Hospital Name]. Our team of experienced orthopedic specialists is ready to assist you with your needs.

Consultation Schedule:

Monday: 9:00 AM - 5:00 PM
Tuesday: 9:00 AM - 5:00 PM
Wednesday: 9:00 AM - 6:00 PM
Thursday: 10:00 AM - 4:00 PM
Friday: 9:00 AM - 5:00 PM

Please ensure to book your appointment in advance to secure your preferred time.

For further inquiries or to schedule an appointment, feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing [Clinic/Hospital Name]. We look forward to assisting you.

Sincerely,

[Your Name]
[Your Position]
[Clinic/Hospital Name]