

Patient Liaison Contact Information

Dear [Patient's Name],

Thank you for choosing our healthcare services. For any inquiries or assistance regarding your treatment, please feel free to contact our Patient Liaison:

Patient Liaison Contact Details:

- **Name:** [Liaison's Name]
- **Phone:** [Liaison's Phone Number]
- **Email:** [Liaison's Email Address]
- **Office Hours:** [Office Hours]

We are here to support you throughout your healthcare journey.

Best regards,

[Your Organization's Name]