

Patient Liaison Inquiry

Dear [Patient's Name],

Thank you for reaching out to us. We value your concerns and are here to assist you.

Contact Information

Please feel free to reach out to the Patient Liaison Office using the contact details below:

- **Name:** [Liaison Officer's Name]
- **Phone Number:** [Phone Number]
- **Email Address:** [Email Address]
- **Office Hours:** [Days and Times]

If you have any further questions, do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Position]

[Your Institution]