

Patient Liaison Office

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

Thank you for reaching out to the Patient Liaison Office. We appreciate your communication and are here to assist you with your concerns.

Please find below the information you requested:

- **Contact Number:** [Insert Contact Number]
- **Email:** [Insert Email Address]
- **Office Hours:** [Insert Office Hours]

If you have any further questions or require additional assistance, please do not hesitate to contact us. Your experience is important to us, and we are here to help.

Best regards,

[Your Name]

[Your Title]

Patient Liaison Office

[Healthcare Institution Name]