

# Patient Liaison Representative Contact Information

Dear [Patient's Name],

We are here to assist you with your healthcare needs. Below is the contact information for our Patient Liaison Representative:

## Patient Liaison Representative

**Name:** [Representative's Name]

**Phone:** [Representative's Phone Number]

**Email:** [Representative's Email Address]

**Office Hours:** [Office Hours]

If you have any questions or require assistance, please do not hesitate to reach out to us.

Best regards,  
[Your Organization's Name]