[Add Hospice Logo]

July 7, 2025

**To the office of Dr. [Physician’s Name]**

This letter is to inform you that our mutual patient, [Patient’s Name], passed away on [Date of Death]. [He/She/They] was admitted to [Hospice Name] on [Date of Hospice Enrollment], and it was an honor and privilege to care for [him/her/them] during this time.

Thank you for continuing to use [Hospice Name] to provide your patients with excellent hospice care. If you have any questions, concerns, or would like any further information, please do not hesitate to call our office at [Hospice Phone Number].

Sincerely,

[Hospice Contact Information]