[Add Hospice Logo]

July 7, 2025

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

Thank you for your referral. We have officially assumed care for your patient, [Patient’s Name], as of [Date of Hospice Enrollment].

It is our privilege to support [him/her/them] during this stage of care. Should you have any questions, concerns, or need additional information, please don’t hesitate to contact us at [Hospice Phone Number].

In the event of your patient’s passing, our team will notify your office promptly. Thank you for trusting [Hospice Name] to provide compassionate, high-quality hospice care.

**Sincerely,**
[Hospice Contact Information]