

[Add Hospice Logo]

April 17, 2023

*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].*

It was an honor and privilege to care for your patient in their journey. 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]

