MONTH DATE, YEAR

**McLaren Region -**

**Office Name**

STREET ADDRESS, SUITE #

CITY, MI ZIP

tel: (000) 000-0000

fax: (000) 000-0000

mclaren.org/officeURL

Dear Patient:

Please note our office hours changed/are changing as of Month Date, Year. Our new office hours are below.

Monday: X a.m.-X p.m.

Tuesday: X a.m.-X p.m.

Wednesday: X a.m.-X p.m.

Thursday: X a.m.-X p.m.

Friday: X a.m.-X p.m.

Saturday: X a.m.-X p.m.

Sunday: X a.m.-X p.m.

If you have questions or would like to schedule an appointment, please call our office at (000) 000-0000. For more information about our office, please visit mclaren.org/officeURL.

Thank you for entrusting McLaren with your health care.

Sincerely,

*Upload signature(s) in the Special Notes/Attachments section of Request Form.*

First and Last Name, Credential

Specialty

McLaren Medical Group