



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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Mr. *FName LName*, *Chief Executive Officer*
Facility Name
Addy
City, Texas Zip

Dear Mr. *LName*:

It is with great pleasure that the Texas Department of State Health Services re-designates *Facility Name* as a Basic (Level IV) Trauma Facility in Trauma Service Area-*Z*. This state designation is valid for a three-year period. Your hospital is to be commended for its ongoing commitment to ensure quality care is available for trauma patients in its area.

I also want to thank you and your staff for the continued leadership role you have assumed in the development of our state trauma system. Congratulations on this impressive accomplishment. Please contact Jane Guerrero, RN, Director, Office of EMS/Trauma Systems Coordination, at (512) 834-6700 or via e-mail at: jane.guerrero@dshs.state.tx.us if you need further assistance regarding this matter.

Sincerely,

David L. Lakey, M.D.
Commissioner

cc: *FName LName*, RN, Trauma Coordinator
FName LName, RAC Chair