

Medical Appointment Notification

Dear [Patient's Name],

We are writing to inform you that your pre-operative assessment has been scheduled as follows:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name]

Address: [Clinic/Hospital Address]

Please arrive at least 15 minutes early to complete any necessary paperwork. Bring a list of your current medications and any medical records pertinent to your surgery.

If you have any questions or need to reschedule, please contact us at [Contact Number] or [Email Address].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]