

Appointment Confirmation

Dear [Patient's Name],

This is to confirm your pre-operative appointment for surgery. Below are the details:

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Hospital/Clinic Name]
- **Surgeon:** [Surgeon's Name]

Pre-Operative Instructions:

Please arrive at least 15 minutes early. Make sure to bring any necessary medical records and a list of your current medications. Additionally, follow any fasting instructions provided by your physician.

If you have any questions or need to reschedule, feel free to contact our office at [Office Phone Number].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Hospital/Clinic Name]