

# Surgery Appointment Confirmation

Dear [Patient Name],

We are pleased to confirm your surgery appointment with [Surgeon's Name] at [Facility Name]. Below are the details of your appointment:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Unit/Department, Facility Address]
- **Procedure:** [Surgical Procedure Name]

Please arrive at least [X hours] before your scheduled appointment to complete any necessary pre-operative paperwork.

If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you for choosing [Facility Name]. We wish you a successful surgery and a speedy recovery.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]

[Contact Information]