

Ophthalmology Consultation Letter

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to confirm your ophthalmology consultation scheduled for [Insert Date] at [Insert Time]. This assessment is required as part of the pre-operative process for your upcoming surgery, [Specify Type of Surgery].

During the consultation, we will perform a comprehensive eye examination, review your medical history, and discuss any concerns you may have regarding the procedure. This information is vital to ensure your safety and the success of your surgery.

Please bring the following items to your appointment:

- Current medications
- Previous eye examination reports
- Insurance information

If you have any questions or need to reschedule, please contact our office at [Insert Phone Number].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Ophthalmology Clinic Name]

[Contact Information]