

Elective Surgery Scheduling Confirmation

Dear [Patient's Name],

We are pleased to inform you that your elective surgery has been scheduled. Below are the details:

Surgery Details

- **Date:** [Surgery Date]
- **Time:** [Surgery Time]
- **Location:** [Surgery Location]
- **Surgeon:** [Surgeon's Name]
- **Procedure:** [Type of Surgery]

Preoperative Instructions

Please remember to:

- Fast for at least [XX hours] before surgery.
- Arrive at least [XX minutes] prior to your scheduled surgery time.
- Bring all necessary paperwork and identification.

Contact Information

If you have any questions or require further assistance, please do not hesitate to contact our office at [Office Phone Number] or [Email Address].

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

Sincerely,

[Your Name]

[Your Position]

[Hospital/Clinic Name]

[Contact Information]